THE PROOF THAT SEX AND HIV
ABSOLUTELY DO NOT CAUSE AIDS

The shocking truth
is at last revealed in...

DEADLY DECEPTION

By Robert E. Willner, M.D., Ph.D.

The opinions expressed in this book are those of the author and do not necessarily reflect those of the publisher, printer, distributors orany establishment in which it may be sold.

However, the facts speak for themselves!

The information in this book is based on published and unpublished sources. The purpose is for the dissemination of knowledge and should not be construed as giving medical advice. Your choice of health care and my right to express opinions based on experience and documentation are protected by the constitution. It is my intention to provide the reader with knowledge not being made readily available, in order to be sure that the doctrine of informed consent is being fulfilled, and that freedom of information is exercised.

Robert E. Willner, M.D., Ph.D.

DEADLY DECEPTION
by Robert E. Willner, M.D., Ph.D.

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...IN MEMORIAM

To the victims of all drugs, especially AZT, who have died because they weren't informed that drugs cause the diseases of immune deficiency. I dedicate my life to exposing the "Deadly Deception," that you will not have died in vain.

...A MESSAGE OF LIFE

To all those who have suffered the terrible fear, despondency and devastation that comes with being told "You are HIV-positive"

You have been victimized by
the "Deadly (cruel) Deception"

You will live!

Hopefully you will read this book
before you start the conventional deadly therapy.
Remember, however, it is never too late!

More than five hundred of the world's most prominent scientists are questioning the AIDS hypothesis. Their number is growing daily — This book tells the story.

THE FACTS AND THE PROOF

THERE IS NO EPIDEMIC

AIDS IS NOT CONTAGIOUS

WHY BEING HIV POSITIVE
IS NOT A DEATH SENTENCE.

WHAT REALLY CAUSES AIDS

HOW AIDS CAN EASILY BE PREVENTED

HOW AIDS CAN BE CURED.

YOU ARE THE VICTIM
OF A MULTIBILLION-DOLLAR FRAUD.

An incredible story of the arrogance, ignorance, corruption, and deception of establishment medicine, the pharmaceutical industry and agencies of the U.S. Government. A factual account, completely documented, of the most horrendous and deadly scientificfraud in history.

LET THE TRUTH BE KNOWN

Because of the efforts of some very special people, the most important medical message of the century has already reached the minds of millions of people.

Deepest thanks to:

MARISA CASARES SAYTOS
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THE STAFF OF **ONDA CERO** RADIO, FM CANAL 28
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and to Pepe Navarro
whose popular television show was the first to air the story

PROSPECTUS

When you have read this book completely, you must come to the conclusion that the following are basic facts and truths:

AIDS IS NOT CONTAGIOUS

AIDS IS NOT A SEXUALLY TRANSMITTED DISEASE

AIDS CAN EASILY BE PREVENTED AND CURED

Dr. Gallo (the "discoverer" of the AIDS virus) and his cohorts are guilty of a conspiracy to intentionally commit criminal negligence.

They are guilty of fraud and manslaughter.

The so-called "AIDS test" is unreliable, invalid, and completely misleading; it inaccurately and undependably tests for **immunity** to an innocent virus.

On the basis of a meaningless test, individuals are subjected to the killer drug AZT.

All of the studies on AZT are fraudulent and misleading, including the first study which resulted in the licensing of this drug.

The Food and Drug Administration of the United States, which licensed AZT, is aware of this fact and has not recalled it; they are guilty of criminal negligence and genocide.

The AIDS hypothesis, its diagnostic tests, and its treatment are the..

DEADLY DECEPTION.

REFLECTIONS — BEFORE

When we were children **...**

Our mothers and fathers said there was a Santa Claus, an Easter bunny, and a tooth fairy. Of course, we all believed it. After all, it was mom and dad who said they existed. And besides, we were only children. The evidence seemed so convincing: there were presents under the tree, colorful eggs hidden in strange places, and money under the pillow. It took maturity and facing the facts of life to make us cognizant of the truth. Most of us painfully gave up the myth.

Now as adults **...**

For ten years we have been told by our scientists, our government and the media that there is a contagious epidemic called AIDS, and of course we all believe it. After all, it is the "authorities" that say so. Besides, now we are adults and we know better, it must be the truth —the evidence is so convincing; there are millions with the disease, they found the virus, and they even have a test for it!

but **...**

What if it is a myth?
What if AIDS is 25 old diseases which are given a new name?
What if the facts are against the viral theory and there is no proof the virus causes anything?
What if the numbers are only predictions that have proven to be **91%** wrong during the first ten years?
What if the test is completely unreliable?
What if the causes of acquired immune deficiency have been known for over sixty years?
What if those causes are more prevalent now than ever before?
What if the drug used to treat AIDS causes AIDS?
What if the evidence is overwhelming that sex has nothing to do with AIDS?
What if giving up this myth may save your life?

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PREFACE —— PLEASE READ!

"Science based on misinformed consensus and circumstantial evidence, invites disaster." — REW

THIS IS A BOOK OF FACTS.

IT IS NOT **BASED** ON FACT, IT **IS** FACT.

IT IS NOT BASED ON **HYPOTHESES,** IT IS **FACT.**

If after reading this book you are not convinced by the factual and incontrovertible evidence presented, then the title of this book was well chosen. You have been victimized by the **"DEADLY DECEPTION".**

The words you are reading now were written after the first draft of the manuscript was completed. I gave the manuscript to many individuals from all walks of life to determine what was left unanswered or where doubt still remained. The effort was well worth the investment in time and money. Their comments and questions were a revelation.

It is imperative that you know the truth and that every question you could possibly ask is answered completely. The remaining doubts of some of the many who reviewed the manuscript persuaded me to return to my computer and stress the salient and vital facts which escaped the reader.

The basic, fundamental, cardinal, quintessential and vital questions will be answered here in the preface and throughout the book. Forgive the repetition, but the web of lies has created a deception so thick and for so long, that it takes a chain saw to cut through the truth.

In spite of 30 years' experience in medicine, I realized that it took me four years before I suspected there was something wrong with the AIDS hypothesis. It took another five years for me to sort out the truth.

Let logic and truth replace the monumental lies.

In order for each section to be completely coherent without the reader having to search back through the pages to recollect an important fact, I repeated the information for purposes of clarity and emphasis.

The deception is about the AIDS "epidemic". It is not, however, a singular deception. It is an intricate maze of lies, lies based on other lies, guesses, and distorted circumstantial evidence. It is "science" based on a misinformed consensus of honest physicians and researchers who trustingly accepted the hypotheses as verified fact.

For ten years the American people and the world have been victims of an astounding fraud. It is comparable to, but far more effective than, Hitler's big lie in deceiving humanity. The majority of mankind was not even born when a short black-haired megalomaniac with a little black mustache convinced 60 million people, one of the most scientifically-advanced nations of the world that they were the blond-haired, blue-eyed aryan master race. It is inconceivable that a people more intelligent than most could have been led into the most destructive war mankind has ever known.

Yet, today, lies potentially more dangerous then Hitler's are being disseminated by unsuspecting governments, the World Health Organization, and a media power that couldn't even be imagined in Hitler's time.

DEADLY DECEPTION
(The Most Important Lies)

LIE I. AIDS is Caused by the HIV Virus.
LIE IL AIDS is Contagious.
LIE III. A Positive HIV Test Means Death by AIDS.
LIE IV. AZT is a Treatment for AIDS.
LIEV. AIDS Has No Cure.

THE FACTS
(The Real Truth)

I. AIDS is caused by *drugs and malnutrition* (starvation) and *the virus has nothing to do with it.*

H. The test for HIV is completely inaccurate, predicts nothing, and can cause severe illness through intense fear.

HI. AZT, the main drug used in treatment, *causes* AIDS.

The brainwashing has been so incredibly effective that your first impulse will be to think that this book is the product of one of those ridiculous tabloids. However, everything in this book is factually documented. Many of the best and brightest scientists now condemn the AIDS deception and it originators.

The perpetrators of the AIDS fraud are named. They dare not sue their accusers and go to court because their crime would be exposed and their growing tens of millions of dollars in profit would dry up. They have cleverly involved thousands of individu¬als and corporations, most of whom are decently motivated, in their despicable scheme. Worse, they have millions of scientists and physicians who, relatively ignorant in their arcane science, trust¬ingly accept the deluge of fabricated, sophisticated, and wildly pseudo-scientific speculations as scientific fact. Then, with an army of duped and believing scientist followers, they back up their atrocious scam with the idiotic proposition that the proof of the AIDS hypothesis lies in the fact that so many believe in it.

Although 60 thousand papers have been written with money obtained from AIDS grants, not one of those papers proves scien¬tifically that the virus causes AIDS.

The original papers UPON which the AIDS hypothesis was based are a sorry pretense of scientific investigation, based on the worst kind of circumstantial evidence and then presented to the scientific community and the world as proven facts.

The major perpetrator of the scam, Dr. Robert Gallo, has been found guilty of "scientific misconduct," an interesting euphemism for scheming, lying thievery. When finally brought to trial for his real crime, his defense will undoubtedly be that the AIDS hypothesis has never been anything but an hypothesis, and thus he will try to escape responsibility.

The facts of this sordid affair, if justice prevails, should convict him of criminal negligence, fraud and manslaughter. The monies that have been wasted in misdirected research, criminally negligent double-blind studies, fraudulent deadly therapy, invalid testing, and illegitimate profiteering, could eradicate the real AIDS from our planet.

After reading this book, some of you will, because of a ten-year media blitz of misinformation, still ask the question, "Then why are so many people dying of a disease we never heard of before?"

The answer:

I. AIDS is simply a new name for 25 diseases that have always existed.

II. The causes of acquired immune deficiency have been listed in medical texts for over 70 years. They are, in order of importance: **malnutrition (starvation), drugs, radiation, and chemotherapy.**

III. It appeared to be an epidemic at first, because the **drug-addicted segment** of the gay population began to suffer the effects from years of drug use. They became an identifiable group when they came out of the closet just prior to the "epidemic".

IV. AIDS in Africa is what it has always been —— slow starvation and malnutrition—— and it hasn't changed at all, except for the name. Simply compare any AIDS patient with the appearance of a crack cocaine baby or the horrible television pictures of starving Somalians, or prisoners in the concentration camps of

Bosnia-Herzgovena and Nazi Germany. **The epidemic in Africa simply does not exist.** It has been an invention based on completely false information provided by indigent families seeking funds from charitable agencies and also by AIDS workers seeking to protect lucrative jobs. The statistics released are all **unverified estimates** that have proven to be **91% wrong.**

V. Hemophiliacs get AIDS in small numbers because of additives and contaminants in their frequent blood transfusions. This book gives you proof it is not HIV.

VI. AZT, a drug so toxic that it was discarded as a treatment for cancer, and which **causes AIDS,** is being given to individuals because they tested positive for antibodies to an innocent virus. **They will die of an acquired immune deficiency caused by AZT ~~and~~ many of them are perfectly healthy!**

A WARNING OF A DIFFERENT KIND

''That which is alien to nature cannot possibly correct what it undoubtedly caused.'' — REW

President Eisenhower, in his farewell address to the nation, warned of the "Military-Industrial Complex". The deadly deception of AIDS warns us of an even more serious threat to our lives, our freedoms and our economy:

"The Medical-Pharmaceutical Complex"

This alliance fiercely resists and destroys all opposition to then-false and restrictive concepts of disease and its cause. This conspiracy of arrogance, ignorance and greed is costing hundreds of thousands of lives and wasting more than 200 billion dollars yearly. The **AIDS fraud is just one example of this catastrophe.**

We will lose the war against AIDS, just as we have lost the war against cancer; we will never win the war against either, unless we understand that **the cause of all disease is an acquired immune system deficiency** or direct damage to cells, whether it be via the contamination of our world, ourselves, or, in a rare instance, genetically acquired.

We do not "catch" any disease; we simply succumb to our maladaptation to the environment, pollution of ourselves or pollution of the environment. If this were not true, then the first "epidemic" on earth would have been our last. The epidemics and plagues of history killed millions, but more lived than died— why? **The survivors have always been those whose immune systems and defenses were intact.**

A healthy individual is one who has adapted to all of the conditions and everything that occupies our planet. This includes not only bacteria and viruses, but the air, the water, the plants and all inhabitants, including our fellow human beings.

We have altered our environment more in the past century than nature has over many millions of years. If we alter or destroy the ecosystem without the time or ability to adapt, disease and death will surely follow.

There are better ways.
They have been known for thousands of years.

THE CHALLENGE
TO
HIV, ARC and AIDS

There are three important components of the AIDS hypotheses which are being challenged as completely fraudulent, and are at the core of a criminal conspiracy and negligence which are unequalled in history. They are:

THE HUMAN IMMUNODEFICIENCY VIRUS (HIV), is a virus that was initially discovered in the blood of several AIDS patients. It was hypothesized that the virus caused AIDS simply because it was there. However, there is no scientific evidence that indicates this virus is pathogenic (capable of causing disease in humans) and causes AIDS or any other disease.

THE AIDS RELATED COMPLEX (ARC) has also been re¬ferred to as "pre-AIDS". It makes reference to the complex of symptoms developed prior to the onset of one of the diseases of AIDS. In medicine the symptoms are often called "non-specific" and include such things as fever, glandular swelling, weight loss, diarrhea, etc.

THE ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) is a syndrome and not a disease, just as its name implies. It is a collection of an ever-growing number of diseases which have been placed in one pot. It is like a vegetable soup containing many vegetables; except that in this soup, all the vegetables are supposed to come from only one seed. Now, if that is confusing, they will provide you with 41 different explanations or hypotheses, as to how this might be possible. These explanations are all figments of constipated thought and there is no laboratory evidence confirming them.

FACT

Not one single reference paper (scientific proof) exists proving that HIV is the cause or even a co-factor of AIDS.

FACT

Probably most, if not all, of the causes of AIDS are already known (for over 70 years) and HIV does not qualify as one of them.

FACT

HIV was decreed as the cause of AIDS by a politician and a virologist who has been found guilty of "scientific misconduct".

FACT

Condoms cannot stop a disease that is caused by starvation and drugs.

FACT

As long as the deaths due to starvation are blamed on the "AIDS virus", the responsibility of ineffectual and corrupt governments for the real cause will remain unchallenged, hun¬dreds of billions of dollars will be wasted, and ineffectual and deadly treatments will be employed.

FACT

The studies on which the release of AZT was based are fraud¬ulent.

DEADLY DECEPTION

WHY THE VIRUS AND SEX DO NOT CAUSE AIDS.

STATEMENT

Be prepared to read what may seem to be unbelievable. But, be assured that everything presented has been fully documented and is factual. This is not some wild, unfounded theory about CIA agents testing a potential biological weapon on unsuspecting gays in the United States or on Blacks in Africa; nor is it an equally ridiculous story of green monkeys, or a concocted preposterous theory about a contaminated vaccine (although our government has sadly admitted to similar crimes). It is a true account of perfidy for profit and power.

Many incredible crimes against humanity have been perpe¬ trated by tyrants, and often even in the name of "God". This is the true story of a small group of scientists, government officials and pharmaceutical executives who have turned their backs on science and humanity for personal gain. We are witnessing what may become the greatest genocide in the history of mankind caused by fraudulent diagnosis and treatment and misdirected research.

There is what appears to be an epidemic of acquired immune deficiency diseases. However the well-known causes of these con¬ ditions have been treacherously and maliciously misrepresented and replaced by a retro-virus, which cannot possibly be respon¬ sible. The human immunodeficiency virus is a myth. It is not at all what it is claimed to be. This document will present the hard facts in contradistinction to the purely hypothetical conjecture and dis¬ tortion of what is now referred to as AIDS. The motives are money and power. Recently, more than 500 of the world's most prominent scientists banded together and formed the "Group for the Scientific Reappraisal of the HIV-AIDS Hypothesis". The founder of this group is Dr. Charles A. Thomas, a Harvard biologist.

The impetus for this action began in 1987 when the world's most knowledgeable and honored retrovirologist, Dr. Peter Duesberg

of the University of California at Berkeley, challenged the HTV-AIDS hypothesis in the journal, CANCER RESEARCH.

The purpose of this book is to explain in language that can be understood by all, what I believe, is the most despicable, shocking and malignant deception. It has the potential to exceed the Holo¬caust in its toll on human life.

It will be this deadly deception, and not aids, that will be responsible for this genocide.

I do not wish to be diplomatic or mince words, because there is no time for diplomacy. Mass manslaughter is being committed by a few scientists who have knowingly and purposely misled thousands of their trusting colleagues in a carnage that could be unparalleled in history. They cannot claim ignorance, for they have answered serious scientific challenges with slander instead of proof. They have used unsuspecting, well- meaning physicians to deliver their victims into the arms of death.

This horrendous murder and profiteering must be stopped now!

Robert E. Willner, M.D., Ph.D.

IN DEDICATION TO:

A continuing fulfillment of The Oath of Hippocrates.

A passion for the pursuit of truth, the enlightenment of hundreds of thousands of sincere, conscientious and devoted physicians and public servants; and to the education and salvation of millions of human beings, throughout the world, who are at risk of being murdered by a hoax so incredible that it almost defies belief.

Dr. Peter Deusberg, who unselfishly has risked his life's work, his many honors and his fortune by his courageous expose of the unconscionable deadly deception known as the AIDS epidemic; and to the many renowned scientists who are daily swelling the ranks of men and women throughout the world that are demanding an investigation and an end to this incredible, scandalous deceit.

An unyielding determination to establish truth and obtain the indictment of a group of conspirators in medical research, the pharmaceutical industry and in government agencies who have perpetrated history's greatest and most deadly deceit on mankind for monstrous immoral, economic and political purposes.

A moral obligation to the few thousand physicians who courageously march to the beat of a different drummer. At the great personal risk of their right to earn a living in research and practicing medicine, they reject the near-sighted, corrupt and destructive approaches of establishment medicine. They truly follow the Hippocratic tradition and, with an open mind, draw upon thousands of years of medical experience to help and to heal. These are the physicians who still obey the edict: "above all, do no harm".

My children and yours, above all, who deserve a better life where fear and lies do not deprive them of the right to choose their way of living it and preserving it.

Robert E. Willner, M.D., Ph.D.

Chapter 1

The History of the AIDS Epidemic

"HTV does not cause AIDS...The point that everyone is missing is that all of those original papers, Gallo wrote on HIV have been found fraudulent...The HIV hypothesis was based on those papers."
Dr. Peter Duesberg, Professor of Molecular Biology,
U. of Cal., Berkeley, National Academy of Sciences

HOW THE LIE BEGAN...

In 1980, Dr. Robert Gallo, a retrovirologist with the National Cancer Institute, discovered the first human retrovirus (HTLV-1). A retrovirus is distinguished from an ordinary virus by virtue of the fact that their RNA is converted to DNA by an enzyme called reverse transcriptase. **Its replication and survival is totally dependent on the viability of the host cell. If the host cell dies, the virus is finished.** Dr. Gallo knew this basic fact; however, he would soon purposely ignore this fact in order to serve his own needs by claiming that the virus was very "mysterious". Somehow **it** would **mysteriously** survive while **mysteriously** slaughtering **T-cells** by the millions **(this has never been observed). He** had contended in the past, but failed to prove, that the very same retrovirus (HTLV-1) caused a specific type of leukemia which was occurring in Japan. The power of position, that of being a top government official and scientist, has allowed the erroneous label

of "leukemia virus" to remain intact even though it was rejected by the scientific community.

In 1981, it was proposed that an acquired immune deficiency was the basis for a new syndrome of diseases (AIDS) that appeared to be surfacing amongst promiscuous male homosexuals and intravenous drug users. Dr. David Durack, of Duke University, a recognized expert on infectious diseases and the immune system, **though admitting the prevalence of drug use (particularly "poppers" or amyl nitrite)** and repeated multiple infections, ignored these well known causes of immune deficiency and announced that this "truly new syndrome" must be due to "some new factor". Continuously this group of scientists has **resorted to theory, not fact,** as to how the AIDS virus supposedly accomplishes its dirty deeds. The words, "it is thought", are constantly used in casual conversations or in the non-scientific articles and popular magazines and books. In the scientific journals or at lectures the theory is presented as established fact although **there are no facts** involved. It is portrayed as an established truth and therefore is accepted as such by most scientists, including physicians. The so-called HIV virus is still referred to as a "new" virus in spite indisputable evidence to the contrary. Incorrectly, the virus has been characterized as "attacking" or "infiltrating" the immune system, when in reality this is impossible because it is not alive and does not invade. Retroviruses are engulfed by the cells and incorporated into the cell's life processes.

In 1983, Dr. Gallo embarked on a mission to convince his fellow scientists, in the absence of any scientific experimental proof whatsoever, that another virus he had discovered caused AIDS **.** At a widely publicized press conference held in Washington, D.C. on April 23, 1984, Dr. Gallo announced that he had discovered the cause of AIDS. He claimed the unearthing of a new retrovirus which he had named HTLV-III, thus inferring that it was a member of the family of retroviruses he had previously discovered. His claim was bolstered by Margaret Heckler, Secretary of the Department of Health and Human Services, who was under great pressure to come up with some answer to the looming "epidemic". Heckler acclaimed, "Today we add another miracle to the long honor roll of American medicine and science." She also promised that we would have a vaccine within two years, undoubtedly as a result of Dr. Gallo's grandiose urgings. That very day, Dr.

Gallo filed a U.S. patent for an HIV test kit which was destined to make him very wealthy. Dr. Gallo, unquestionably very knowledgeable in retrovirology, chose to set aside the facts and became the quintessential, intellectual whore. The benefits to Dr. Gallo are money and power; but the costs to humanity are suffering and countless unnecessary deaths. In contrast, street prostitutes are honest — you know what you're getting and you know the risks — and, by the way, **AIDS is not one of them.**

Margaret Heckler very quickly awarded the lucrative contract for AZT to Burroughs-Wellcome Pharmaceutical Company **before the first scientific paper ever appeared in any U.S. journal.** AZT was a drug in search of a disease. It had been sitting on the shelves of the National Institutes of Health since the 1960's. It was an experimental drug that had failed as a cancer remedy and had been declared **too toxic** to use. Retrovirology had gained importance because of Nixon's "war on cancer" and the belief that a retrovirus might be the cause of cancer in humans. This approach seemed logical at the time, because retroviruses typically prompted cells to multiply — a characteristic of the cancer process. This is directly opposite to the cell destruction that normally occurs in viral infections. Not only did that war fail, AZT failed, and retrovirologists came up empty-handed after twenty years of intense and arduous research. Alas, a whole group of scientists without a *raison d'etre'.* As you would expect, in 1986, The International Committee of Retrovirologists named HIV the cause of AIDS. By giving credence to the hypothesis **in the absence of proof,** they became party to the conspiracy. It is just what one would expect when frustrated unsuccessful foxes are left to guard the hen house.

Adding to Dr. Gallo's blatant disregard for all established scientific requirements for validation of his claims, it was eventually discovered that HLTV-III was a retrovirus that had been sent to Dr. Gallo more than a year before by Luc Montagnier of the Pasteur Institute in Paris. On several occasions, Montagnier had sent samples of the virus he had isolated in the blood of some AIDS patients for Gallo's evaluation. A scandal erupted and a battle ensued over the credit for the discovery and the rights to the patents. It took the intervention of the French Prime Minister Jacques Chirac and U.S. President Ronald Reagan in order to reach an agreement that resulted in the sharing of the proceeds and the

credit for the discovery (recently challenged again by the French after Gallo admitted he may have made a mistake). It is truly characteristic of scoundrels to quarrel over the spoils of fraud.

It is important to point out from the beginning that the acronym AIDS represents the official and scientific designation of the "disease", ACQUIRED IMMUNE DEFICIENCY SYN¬ DROME, which is discussed, examined and critiqued in this book. The inevitable conclusions which a growing number of many prominent scientists have reached, and, which I am sure, you will also, is that AIDS fits neither the definition of a disease, nor of a syndrome. It is merely the lumping together of an ever-increasing number of diseases and symptoms, 25 at the last count (depending on the source), in order to fraudulently cre¬ ate the impression that an epidemic exists.

Keepin mind that Gallo and his cohorts have been getting away with the most elementary unscientific ploy one could imagine. They have avoided performing scientific controlled studies that would be universally accepted as proof. Such studies would un¬ mask their fraud. They have instead relied on fear, intimidation, sensationalism, greed, ambition, envy and the need for recognition. In this way they have coerced and stupefied an army of followers into believing what, in the past, would have been laughed at, or dismissed as coincidence and/or "anecdotal". HIV has been made the scapegoat for incompetence, and a gateway to the lifestyle of the rich, famous and powerful, for unscrupulous, immoral and incompetent scoundrels. The *blitzkrieg* of misinformation has oblit¬ erated from consideration even the most elementary knowledge, logic and evidence in research and disease.

We have known for more than half a century that we co-exist with many bacteria and viruses. We are well aware that potentially deadly organisms reside within us at all times, waiting only for the balance of health to be tipped in favor of "disease". Streptococcus, tuberculosis and *Pneumocystis camii,* the most common "compo¬ nents" of AIDS, are but a fraction of the infectious organisms that the majority of us live with constantly. *Pneumocystis camii* are present in the lungs of virtually every individual on the surface of our planet. Yet, precious few of us ever get the disease they cause: pneumocystis pneumonia. This is just one of the most obvious

examples of the basic and pervasive flaws in the guiding premises of "modem" medicine.

Consider, for the moment, the following question:

When the great flu of 1919 took the lives of millions of people in the United States, **Why didn't the entire population succumb?**
When the great bubonic plague destroyed one-third of the population of Europe, **why didn't the other two-thirds die also?**
Why didn't everyone die?

The answer:

When an epidemic destroys its *susceptible* **population, it ceases to exist.** In other words, it is the inability of the individual's immune system that determines the degree to which an individual "falls ill" **or whether or not he becomes ill at all.** As Pasteur is purported to have exclaimed on his deathbed, "It is not the organ¬ism, It is the terrain!" If this were not true, then everyone, in the examples cited above, would have gotten the plague or the flu and all would have died. In fact, the first disease on earth would have been the last! The deceivers of infamy have succeeded in creating a chain of events that have destroyed logic and common sense, and in their place, established the following "Commandments" for science, government, the press and the public:

THE TEN COMMANDMENTS OF FRAUD

I. Coincidence is proof of cause and effect.
II. Circumstantial evidence is direct evidence.
HI. One example proves the rule.
IV. One guess supported by another guess creates a fact.
V. Saying it is so, makes it so.
VI. Don't confuse the issue with facts.
VH. Proof is unnecessary and should be avoided.
Vin. Lie, lie, lie and they'll believe it.
IX. Silence, ignore and suppress the truth.
X. Replace reason with dogma, fraud and blindfolded fear.

The repeated use of these commandments by the conspirators prompted T. C. Fry to comment in his book, *THE GREAT AIDS*

HOAX', **"...the presence of what they call HIV in the disease (AIDS) is no more proof of cause than the presence of flies in garbage proves that the flies are the cause of garbage." There** could be an exception however, if you consider that the "AIDS Gang": Robert Gallo, Anthony Fauci, William Hazeltine, Max Essex, James Curran, Flossie Wong Stall, Dani Bolognesi, Marga¬ ret Fischler, Margaret Heckler et al., are the flies; then indeed, the garbage **was** created by them!

A GLIMMER OF LIGHT

"Character assassination in response to challenge, is tacit evi¬ dence of an indefensible position" — REW

In 1987, the light of truth had begun to pierce their facade. For these conspirators, it was the harbinger of their downfall (if justice prevails). It began when Dr. Peter Duesberg, an international au¬ thority on retroviruses, published an article in *Cancer Research* which shook the very foundation of the HIV-AIDS theory. Many scientists were stunned by his position, but impressed by its truth. Others were relieved that someone had the courage to finally speak up. The powerbrokers and vested interests counter-attacked, not with scientific argument and fact, but with name-calling, character assassination, vitriolic insinuations, denigration, and political and economic reprisal. Their actions and their words only verified their guilt. Then, in February 1989, Dr. Duesberg submitted a masterful comprehensive analysis to *The Proceedings of the National Acad¬ emy of Sciences.* This prestigious group has ignored this document and taken no action. In the political and scientific worlds, this is usually the safest way of covering your assets. If you are eventually found out, you can always claim that there wasn't convincing evidence. Meanwhile, millions have died!

During the past four years, the classical AIDS combination of characteristic features has been reported in individuals who tested **negative** for HIV, and the number is growing steadily. Of course, the charlatans were quick to "hypothesize" that there must be another "virus" causing it, lest their gambit be discovered. Still another attempt to divert attention from the most important and obvious, scientifically established causes —DRUGS.

They concede now that the virus can't do it alone; that the "co¬ factors" are necessary. However, we have known that the "co¬ factors" have caused immunodeficiencies for many decades, by themselves, long before HIV was discovered. **It is HIV that is not necessary for AIDS.**

HOW COULD THEY GET AWAY WITH THIS INCREDIBLE FRAUD?

How could this happen? Surely, it's not possible that a fraud of this magnitude could ever escape the scrutiny of the thousands of scientists throughout the world who have been researching the many avenues of investigation into this "modem day plague". It all began with the retrovirologists whose area of expertise is so arcane that most scientists in other fields are quite unfamiliar with it. I, myself, read with complete acceptance the early articles in the medical journals, newspapers and popular magazines. Who could doubt the declarations of the powerful and influential governmen¬ tal departments, agencies and scientific enclaves? Although the many claims made for the virus did not sit easily with me, it was several years before I, almost instinctively, began to doubt what I was reading. I guess it was because of two and a half decades of practicing medicine, that the gradual exposure to the failures and inconsistencies of establishment medicine and its resistance to deviation from the mandated dogmatic approach to disease, Ilearned to question the pablum I had been trained to digest.

At first it was the insane, irrational and contradictory therapy that I could not accept. But then, when I attended a dinner at which Dr. Margaret Fischl described her infamous "double-blind" study on AZT, the first drug presented for the treatment of AIDS, I knew something foul was going on. Finally, when I traveled to a meeting in Los Angeles during February 1989, dealing with alternative approaches to AIDS, at which I heard Dr. Peter Duesberg speak, I ultimately questioned the validity of the disease itself. I had finally become educated about retroviruses by the most knowledgeable man in the field. Until that time I had been presented theory as fact. Like the rest of my colleagues, I assumed that what I had been taught was proven and therefore believed it to be true. The truth became apparent: AIDS was all supposition, theory, pseudo-scien¬ tific, and a scam. Because it was all based on less-than-scientific

papers, the most fragile type of circumstantial evidence and self¬ serving hypotheses, HIV had been indicted, convicted and "sen¬ tenced" falsely of a "crime" it could not possibly have committed. What about the retrovirologists themselves? How could they have been fooled? In an article written for the magazine *The Truth Seeker* (September/October, 1989), Dr. Duesberg explained the reasons.

"After a frustrating 20-year-long search for a human cancer virus, the club (the retrovirologists) was craving for some clinical relevance for the retrovirus and hence, happily adopted HIV — the AIDS virus —as the cause of AIDS." He went on to explain the impact of the powerful promotion that made the AIDS hypothesis "instant national dogma". The billions of dollars in funding, the economic interests of the bio-technology and pharmaceutical com¬ panies and the tremendous notoriety from the press which was too much to resist. In wondering why only a handful of scientists questioned the AIDS hypothesis, he cited "...the conformist pres¬ sures on scientists, particularly young, untenured scientists, in the age of bio-technology. Their conceptual obedience to the establish¬ ment maintained by controlled access to grants, journals, and po¬ sitions, and rewarded by meeting engagements, personal prizes, consultantships, stocks and co-ownership in companies."

The National Institutes of Health, the National Cancer In¬ stitute, the Center for Disease Control, the National Academy of Sciences and the Food and Drug Administration, have all seriously jeopardized their credibility and motives by their active participation or silence in the face of such an obvious fraud. In view of the fact that it is hard to believe that individuals at that level are that stupid (although anything is possible), one must assume that incredible government pressure was brought to bear. The most obvious and usual pressures are funding, perks and the fear of dismissal. **Take your choice; incompetence or corruption.**

Duesberg is a good example of what can happen to one of the most respected scientists in his field. He is world-renowned, an elected member of the prestigious National Academy of Sciences, and recipient of the distinguished NIH "Outstanding Investigator Grant" (only 23 in the country). He also discovered the genes which cause cancer (oncogenes), and was recommended for a Nobel Prize. He is an international authority on retroviruses, and **a** Professor of Molecular Biology at the University of California,

Berkeley, CA. It is rumored that his $350,000 research grant was to be terminated last year, and his appeal is to be judged by a committee that includes Gallo's mistress, Dr. Flossie Wong Staal; and Dr. Dani Bolognesi, now a wealthy patent holder on HIV tests. These individuals have the ability to rob us of great talent.

Intimidation has been unrelenting and vicious. Duesberg wrote that he had been "...labeled a bigot for considering (the) daily administration of psychoactive and immunosuppressive chemicals more likely to be the cause of AIDS than a chronically dormant and almost chemically undetectable retrovirus. The nation's leading AIDS researcher accused me of being an advocate of promiscuity (to paraphrase it politely) for questioning the viral etiology of AIDS." Could it be that our scientists were more interested in fostering Puritan values than in presenting scientific truth? The facts will speak for themselves.

Instead of answering the sea of questions that shook the very foundations of the AIDS hypothesis, the vested establishment in¬ sulted their opponents, barred debate, and even cancelled a White House meeting, refusing to participate in order to demonstrate the "insanity" of even questioning HIV and AIDS. Their criminal arrogance is an affront to all of humanity. Initially, Gallo and his co-conspirators could have possibly been exonerated on the basis of ignorance and stupidity. However, to block open scientific dis¬ cussion, to use political and economic power to silence opposing points of view, and to suppress or ignore basic scientific fact and logic, is irrefutable evidence of their criminal intent.

"To be pious while blaspheming another is merely a reflection of one's own character." — REW

Although an impressive cadre of well-known scientists has formed the "Group for the Scientific Reappraisal of the HIV-AIDS Hypothesis", which was started by Dr. Charles A. Thomas, Jr., a Harvard biologist, **it is necessary that there be an outcry from the public demanding an investigation.** Several congressman have taken interest in this matter, amongst them are William Dannemyer and Ron Dellums. Send a copy of this book to your

senator and congressman. Their names and addresses are available at your local library or through your newspaper. These courageous, honorable and incorruptible scientists have earned, and need, your support!

When you have finished reading the evidence, I am convinced that you will feel relieved in knowing that we are not all doomed to die from AIDS, unless, of course, we all start taking AZT based on Gallo's scam and his fraudulent followers. If you are HIV positive, there is one thing you can be sure of: your body has successfully defended itself against an insignificant virus. So read on, and if you agree with the evidence, I ask you to pick up your pen and shout through the mails:

I'VE HAD IT!
I WON'T BE DECEIVED ANYMORE!
INDICT THE PERPETRATORS!

The following sections will deal with the hypothetical evidence supporting the "AIDS epidemic"; the facts disproving the etiology and the epidemiology of AIDS, the fact that there is no evidence of the sexual transmission of AIDS; the proof of what really causes immune deficiencies, and some well-founded approaches to treatment and prevention.

Chapter 2

The Supposed Evidence

SUPPORTING THE HYPOTHESIS THAT HIV CAUSES AIDS

"I feel that for scientists to remain silent in the face of all this doubt is tantamount to criminal negligence."
Dr. Charles A. Thomas, Jr.,
Harvard Molecular Biologist

Definition of terms:

Fact: that which is proven and known to be true.

Hypothesis: a proposition, mere assumption or guess.

NOTE: Comments are made with each hypothesis, but are more fully developed in other sections of this book.

* FACT: The only evidence used to establish the human immuno-deficiency virus (HIV) as the cause of the acquired immunodeficiency syndrome (AIDS) is based on finding the virus in a small number of AIDS patients.

Comment: The AIDS hypothesis was based on the fact that only 40% of the AIDS cases were confirmed by the Center for Disease Control to have antibodies

to HIV. This is not proof of anything other than the fact that we have been exposed to a virus and are immune to it. Remember, the presence of flies in garbage does not prove the flies cause the gar¬ bage. HIV is the first organism, in the past 100 years, to be named as the cause of a disease with¬ out meeting the accepted scientific standards of proof (Koch's Postulates), but more of this later. We have anti-bodies to many microorganisms which we know to exist in **70% to 90%** of the AIDS patients. Epstein-Barr virus and *Pneumo¬ cystis camii* are just two of them. In fact, the *Pneumocystis camii* organisms are present in the lungs of all human beings, including AIDS vic¬ tims; yet no claim is made that they cause AIDS. It is possible, but relatively rare for these diseases to become reactivated. This usually occurs only when an individual becomes debilitated or immunocompromised, and it has never required the assistance of HIV before. **Not one shred of scientific proof of cause and effect exists in the world's research and medical literature with reference to HIV.** There are currently well over 40 theories (more hypotheses!) to explain the HYPOTHESIS of AIDS, but not one single proven fact.

* Hypothesis: AIDS is a new disease.

Comment: AIDS is not a new disease. It is 25 very old diseases that have been lumped together under a new name. AIDS is described as an immune defi¬ ciency which has as its main feature a marked loss of T-cells, a special type of lymphocytes (white blood cells). It is claimed that HIV is responsible for the destruction of the T-cells. **This has never actually been observed.** When this **supposedly** occurs, it is believed that the virus somehow works as a "co-factor" with other risk factors to cause these diseases, and they are then referred to as

AIDS diseases. The naming of the disease, its cause, and the requirements to qualify as a disease of AIDS, has been by arbitrary definition; not by the scientific proof which is the standard requirement in medicine. Unbelievably, it includes three distinctly different classes of diseases which actually represent totally different phenomena. We are asked to believe that the virus causes degenerative disease (dementia), cellulytic disease, which kills cells (infections); and neoplastic disease, which causes cells to multiply faster (tumors). Nothing like this occurs anywhere else in medicine, and the three processes are actually unrelated. Not only do these diseases represent opposing processes, they all differ widely from each other, and most have their own recognized and established causes. There is no evidence that qualifies as scientific proof of cause and effect between the HIV virus and what is referred to as AIDS. The only evidence that has been presented has historically been referred to as "anecdotal" (coincidental, suspicious, or one or more similar cases) until it is proven otherwise by scientific proof.

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* Hypothesis: The Human Immunodeficiency Virus causes AIDS.

Comment: HIV was designated as the cause of AIDS by governmental decree in 1984 by Margaret Heckler, head of HHS and a non-scientist, without any scientific proof whatsoever! Dr. Robert Gallo took the credit for this abomination and insult to science and was a partner in the fraud.

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* Hypothesis: "There are reservoirs of macrophages (white cells) that are actively making viruses." This statement was given to the press as a fact!

Comment: There is not one single report in the literature that verifies it, despite incredibly effective new techniques for detection (Polymerase Chain Reaction).

****

* Hypothesis: HIV enters the cell and immediately disintegrates it. That is why it can't be seen.

Comment: This has **never** been observed. But more importantly, it is idiotic and contradictory to their other theories and to established facts about retroviruses. If this be true, then there is no time for it to multiply and therefore the infection is over before it has begun. If it does multiply to the point where it blows up the cell, then it should be easy to find all these cells that are just packed with viruses! **If true, the virus would be committing suicide because it needs the cell to in order to reproduce.**

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* Hypothesis: The presence of P-24 antigen (core protein of the AIDS virus) is used to indicate the presence of HIV.

Comment: If this were true, then based on the figures claimed, there would be a million viruses in one milliliter of blood and this has never been observed...ever! In addition, in all the P-24 studies, free virus was never detected and P-24 was present in only 40% of the cases. Some grave doubts exist about the legitimacy and the calculations of P-24 **which isn't even exclusive to HIV.**

* Hypothesis: P-24 Antigen is produced at a higher level in AIDS than in HIV disease [asymptomatic carriers].

Comment: **Absolutely untrue.** Every study has shown that **AIDS cases occur without P-24 antigen** and **P-24 antigen occurs where there is no AIDS.**

* Hypothesis: HIV disease (asymptomatic) will become AIDS (symptomatic) in from 2 to 30 years (this is called the latent period). It has been "corrected" con¬ stantly upward, and a latent period of 45 years has recently been proposed. **When they extend it to 75 years (human life expectancy), then it could be said the entire earth's population is dying of AIDS!**

Comment: There is **not one shred of proof** for this claim. It is pure speculation and it would take as many as 30 years to find out. By that time the perpetrators of this fraud will be long gone. **Actually, the annual conversion rate of 1.5% corresponds to a latent period of 67 years.** This is not only preposterous and without precedent, but totally meaningless until there is scientific evidence that the virus is the cause. Who worries about a disease that might kill you in 67 years?

* Hypothesis: HIV is deadly, it causes AIDS by killing millions of T-cells (cytocidal) and eventually kills its vic¬ tims by destroying their immune defenses.

Comment: This is absolutely contrary to the one special char¬ acteristic learned about retroviruses during the past 20 years of intensive research:

Retroviruses do not kill the host cell.

The contradictions are several:

1. HIV is rarely found in T-cells (1 virus per 10,000 to 1,000,000 cells) and when found it is dormant, sleeping, and not even replicating.

2. Retroviruses, unlike almost all other viruses, **do not kill the cells they infect.** In fact, they do just the opposite: they cause cells to mul¬ tiply at a faster rate. It would be suicide for a retrovirus to kill the very cell it relies on to survive. **Therefore the hypothesis which states that the virus disintegrates the cell is in direct contradiction to the facts.**

3. Actually, certain lines of T-cells continue to propagate while infected and **if antibody is *not* added to the culture they will produce millions of viruses.** This obviously cannot occur in AIDS patients, because they **have HIV antibodies.** They are therefore **already immune** and the HIV is neutralized.

4. **After twenty-one years of intensive research, not one clinically-relevant retrovirus has beendiscovered, and by scientific standards, HIV is no exception!**

4:**********

* Hypothesis: HIV is highly contagious!

Comment: **Totally inconsistent with the facts. An uncon¬** scionable lie! The statistics prove the opposite, (see Epidemiology in the next section).

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* Hypothesis: HIV is the first virus to cause a disease, **after** inducing very active antiviral immunity, **2 to 65 years later.**

Comment: This would indeed be remarkable, but first you have to **prove** it causes the disease! Also "...there is no proven precedent for the hypothesis that HIV causes AIDS only years after the onset of antiviral immunity, and yet remains as **inactive** as it is in asymptomatic infections" (Duesberg). In the case of latent viruses such as herpes, when the virus is reactivated by other infections or a debilitated state, the virus is found in sufficient numbers to be called infection. This is not the case with HIV — **it has never been found in sufficient numbers to cause disease.**

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* Hypothesis: HIV is not neutralized by the antibodies it causes to be produced.

Comment: There is no factual evidence to support this claim. **It is pure fantasy.** It is absolutely **contradicted** by experimental evidence. In the laboratory (in vitro) and in the human (in vivo), the presence of antibody makes it almost impossible to find the virus, and when you do, **it's sleeping! In addi¬ tion, if antibody is introduced into a culture, the virus will not reproduce. Obviously the an¬ tibody *is* effective against the virus.**

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* Hypothesis: HIV mutation occurs in the interval between in¬ fection and AIDS, and therefore escapes antiviral immunity.

Comment: There does not exist even one report of a mutant virus at high titer in AIDS. There has **never** been a retroviral mutant that escaped existing antiviral immunity (Duesberg). If it did escape, and was killing the victim, the mutant would be every¬ where to be seen! **It is not.**

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* Hypothesis: The reason HIV can't be found in fulminating cases of AIDS is because it is hiding.

Comment: Dr. Kary Mullis (Nobel Prize Laureate, 1993) invented the highly sensitive technology for measuring the presence of viruses which is known as polymerase chain reaction (PCR). This technique makes it possible for a scientist to find virus particles that could not be detected before, and literally makes it impossible for viruses to hide. In spite of this, they still can only rarely find this mysterious , unknowable, inexplicable, very slow, incredibly strange, all powerful and singular retrovirus that is going to destroy mankind — HIV!

* Hypothesis: After infection, HIV becomes **latent** for many years; then it is activated by "co-factors" and AIDS appears.

Comment: This does occur with viruses like herpes, infectious mononucleosis, the cytomegalovirus and a few others. When they are activated, they are easily recovered in large numbers. However, this is not true when AIDS occurs, because the virus is almost impossible to find. If HIV is supposed to be destroying T-cells, that is where it should be found — but it is not there, it is nowhere. In every infectious disease known, the causative organism is always found in significant numbers to account for the disease, especially in the areas where the disease is occurring. **This is the first disease in which a virus, —completely outnumbered by T-cells, totally inadequate in number, almost nonexistent, inactive, non-replicating, non-cell killing, and which induces immunity, —is supposed to be annihilating the victim.**

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* Hypothesis: HIV is referred to as a "slow" or "lente" virus because it takes an average of eight years for the disease to appear after the individual became in¬ fected. Actually, the latent period is now claimed to be as long as 40 or even 65 years.

Comment: "Slow" or "lente" viruses **do not exist!** It is a another hypothetical invention designed to explain what is obviously nonsense. It has no basis in fact, no precedent in science, and is contradictory to 20 years of research findings. Retroviruses can only be replicated by the host cell, and are dependent on the life-cycle of that cell. Therefore, the virus must replicate within hours or days in order to survive. For over 20 years, an exhaustive investi¬ gation of retroviruses reveals that there is no such thing as a "slow virus". There is nothing bio¬ chemically or genetically different about HIV that could account for this. As Dr. Duesberg puts it, "There are no slow viruses, only slow virolo¬ gists." Once again, another "hypothesis" appears in order to explain yet another inconsistency. It is always speculation in place of proof. It is univer¬ sally recognized that certain risk behaviors in¬ crease the likelihood of certain diseases to appear: Smoking with lung diseases, diet with cancer, chemicals and radiation with cancer, and now, **drugs** with AIDS!

* Hypothesis: HIV is a "mysterious", unorthodox retrovirus.

Comment: **Only the hypothesis is mysterious.** HIV is **a conventional** retrovirus, as proven by gene analy¬ sis which compares it to all retroviruses, of which we carry approximately 100 in our germ line.

* Hypothesis: AIDS is sexually transmitted.

Comment: **Nonsense!** This is an intentional bald-faced lie! There is absolutely no evidence to support that statement. Studies indicate that it would take 500 to 1000 unprotected sexual encounters to transmit the virus. However, remember that being HIV¬ positive means that you are immune to an inno¬ cent virus just like dozens of other viruses that humans carry. A study of 80 HIV carriers and their mates revealed that after hundreds of sexual relationships, **only 12** of the mates became HIV¬ positive. **None of them have developed AIDS. The incidence of AIDS correlates very convinc¬ ingly (95%) with the use of drugs, not with sexual behavior or contacts.** The incidence of AIDS indicates that it is very difficult to acquire. It occurs in very select groups, which is why it gained notice in the first place. It came to promi¬ nence primarily amongst gay males, who became highly "visible" when they "came out of the closet" around 1980. Subsequently, we became aware of the syndrome in drug users and hemophiliacs. A careful examination of the statistics reveal that the 10% of the gay population that got AIDS, were almost exclusively drug users (>95%) **and you must include AZT.** The most common denomi¬ nator in AIDS is drugs, (see chapter: AIDS is not transmitted sexually.)

* Hypothesis: 50% of individuals that are antibody-positive **and practice risk behavior** will develop AIDS 8 years after neutralizing antibody was made to the virus. In 15 years, close to 100% will develop AIDS. Because of this projection, anybody who is anti¬ body-positive is now referred to as having HIV disease.

Comment: What an arrant absurdity! We know for a fact that prolonged use of, or exposure to, any immune suppressive drug, chemical or radiation will cause susceptibility to many diseases. **HIV isn't even necessary.**

Has anyone compared those statistics with the incidence of disease in HIV *negative* drug users over 8 or 15 years? **NO!**

Has anyone compared those statistics with the incidence of disease in HIV *negative* hemophili¬ acs over 8 to 15 years? **NO!**

Has anyone compared those statistics with the incidence of disease in HIV, drug using homo¬ sexuals over 8 to 15 years? **NO!**

Has anyone compared those statistics with HIV, *non-drug-using* homosexuals over a period of 8 to 15 years? **NO!**

Has anyone compared those statistics with a ran¬ dom sampling of the population who:

1. use drugs and have multiple sex partners?

2. do not use drugs and have multiple sex partners?

3. use drugs and have no sex or only one faithful partner?

4. do not use drugs, have no sex or only one faithful partner?

Has one case, just one, ever been described in the litera¬ ture in which HIV has been present at the time of infection in numbers great enough to cause infection?

The answer is *no* to all of these.

It is an absolute travesty of the minimum acceptable scientific methodology epidemiology and common sense!

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Until these studies have been done, it is **fraud** to blame the virus on an epidemiological basis, when no such basis even exists. It is already a sham on biochemical scientific grounds. All of Gallo's original papers on HIV were found to be fraudulent**—the AIDS hypothesis was based on fraud.**

For **additional proof** that the above claims are purely hypothetical nonsense, see the following facts listed under the heading, "Disproving that HIV causes AIDS".

THE PROJECTIONS *(ESTIMATES)* OF THE DEVELOPMENT OF AIDS CITED ARE BEING AIDED AND ABETTED BY THE USE OF AZT AS THERAPY WHICH IS FAST BECOMING THE #1 CAUSE OF AIDS (SEE CHAPTER 7).

Chapter 3

The Evidence

DISPROVING THAT HIV CAUSES AIDS

"Scientists don't believe, they have evidence...There is no such body of knowledge" (with reference to HIV as the cause of AIDS).
Kary Mullis, Nobel Prize Laureate 1993

"...the presence of what they call HIV in the disease is no more proof of cause than the presence of flies in garbage proves flies as the cause of garbage."
T. C. Fry, Author and Publisher
Healthful Living magazine

Definition of terms: (all definitions cited are taken from *Dorland's Illustrated Medical Dictionary)*

fact, that which is proven and known to be true,
hypothesis, a proposition, mere assumption or guess.
etiology, the study of the causation of any disease; the sum of knowledge regarding causes.
syndrome, a set of symptoms which occur together; the sum of signs of any morbid state; a symptom complex.
disease, a definite morbid process having a characteristic train of symptoms.
AIDS, acquired immune deficiency syndrome.

ETIOLOGY

*** FACT:** It is more than twelve years after the "discovery" **of** AIDS. Yet, not one single reference paper exists in the peer review literature or in any literature proving that HIV causes AIDS. In other words, no experimental proof whatsoever has been offered to establish that the retrovirus, which cannot even be found in more than 50% of the individuals with AIDS, has anything at all to do with the phenomenon that came to our attention in 1980. All that has been offered is far-less-than-coincidental evidence. The only scientific evidence that exists with reference to HIV causing disease, is that it induces a mononucleosis-like disease within 2 to 8 weeks after infection, induces immunity and then does nothing else even in immune suppressed indi¬viduals. With incredibly sensitive techniques that have been recently developed, a very minute amount of viral activity can be detected biochemically (which is a million times **less than what is necessary to cause** disease). Still the virus cannot be detected in more than 50% of the AIDS cases. To propose that so few viruses could be responsible for disease, let alone death, is an absurdity not even worthy of an idiot! It is the ridicu¬lous equivalent of saying; "The presence of flies in garbage proves (that) flies cause the garbage!" This is the caliber of scientists supported by our tax dollars! Let's demand a refund!

*** FACT:** HIV (the AIDS virus) does not meet **Koch's Postu¬lates** which, for over 100 years, has been the standard "acid test" of the kind of evidence required to establish the etiologic (cause and effect) relationship of a given microorganism to a given disease. The conditions in¬cluded are:

(1) the microorganism must be observed in every case of the disease;

(2) it must be isolated and grown in pure culture;

(3) the pure culture must, when inoculated into a susceptible animal, reproduce the disease;

(4) the microorganism must be observed in and recovered from, the experimentally diseased animal." *{Dorland's Illustrated Medical Dictio¬ nary)*

The first postulate above originally included "...and in the time-course of the disease." (Duesberg), referring to finding the microorganism in the body's secretions and parts that were indicated by the signs and symp¬ toms during the progress of the disease. This appears to have been shortened by simple usage rather than any official proclamation. It is still standard procedure to look, for example, in the lungs for the microorganism(s), when the patient presents with cough, shortness of breath, sputum production, etc.

In the case of AIDS:

1. HIV is not found in every case of the disease, and it is not found in the time-course of the disease. When it is found, it is in such small numbers it cannot be considered to be clinically significant or relevant. Until Dr. Gallo came along with his scam, it would have been regarded as an artifact or con¬ taminant.

2. HIV can be cultured in the laboratory in human lymphocytes, the very cells that HIV is supposed to "explode". However, it is accomplished with great difficulty by reactivation of dormant proviruses that can be found in only one out of a million lymphocytes. This will occur only in cultures to which at least ten million cells are added, and which are **free of the antibody** that would other-

wise neutralize it and stop the culture (as happens naturally in humans). This can be done with only 40 to 50% of the AIDS cases because in the remainder you can't even locate one virus. Doesn't sound like a deadly organism to me.

3. **AIDS cannot be reproduced even by injecting large concentrations (millions of times more than is usually needed to cause infection) of pure virus into any laboratory animal, including the chimpanzee which becomes HIV-positive like its human cousins, thus indicating it had been infected by the virus and developed antibodies but no disease. Not one single case of AIDS has occurred.** In essence, the third postulate is fulfilled, because the animal gets a mild disease which mostly goes unnoticed; but it is not AIDS **BECAUSE MONKEYS DON'T TAKE DRUGS!** This, of course, is exactly what happens in the human, unless you want to believe in Gallo's fairy tales. **Afterall, A virus that causes nothing, transmits nothing.**

Once you have failed to prove that the virus causes AIDS, then anything related to the transmission of the virus could not have any relationship to the contagiousness of AIDS.

* **FACT:** "The cause of **AIDS was discovered by government fiat" (Dr.** Michael Lange, specialist in infectious diseases). It was not decided by any scientific body or consensus of scientific research when it was originally named in 1984. Not one scientific paper had appeared in our scientific literature. The whole concept of scientific proof by consensus opinion is as valid as believing that elections give us the best candidate.

* **FACT:** AIDS is a syndrome, not a disease. It is actually an ever-expanding collection of 25 separate diseases, some of which date back thousands of years. They have, of course, existed very much longer. Although the *Merck Manual* also lists diseases such as malignancies, nephrotic syndrome, leukemia, etc., they, too, are probably caused indirectly by immune suppression when these conditions further the process by their interference with normal functioning. In over 400 years there has never been any evidence that this long list of very diverse diseases could have a single microorganism as their cause.

* **FACT:** In cases of full blown AIDS, even in those just hours from death, the virus is extremely difficult to find; and in **50% of those cases it cannot be found at all.**

* **FACT:** Whenever found, even in active cases of AIDS, HIV is **dormant, inactive, sleeping!** Let's examine the previous FACT, and this one a little more closely. We are asked to believe, without any proof whatsoever, that HIV can do something that no other microbe has ever done. We are asked to believe on circumstantial evidence, faith or speculation, just as one might accept a new religion, that this mighty virus can destroy a human being and not even be present! Or, that it can do incredible damage, demolish vast territories of human tissue and conquer our organ kingdoms while it sleeps at home on the couch. We examine the destruction or disappearance of billions of cells and are asked to blame it on a phantom (A very logical and proven explanation is given in the chapter, "Then, What Causes AIDS?).

* **FACT:** AIDS is the first disease in medical history which claims that the disease occurs **after** the victim has developed **immunity** and when the causative organism is either not present at all, or is present in insufficient numbers to cause disease.

* **FACT:** T-lymphocytes (our white blood defensive cells) regenerate 500 times faster than it takes HIV to "infect" and "destroy" them. This simply means that it is impossible for HIV to ever win the battle. "It's like saying you are going to conquer China by shooting 3 soldiers a day" (Duesberg). ...while their army increases by 1500 troops daily (My addition).

* **FACT:** Twenty years of intensive research on retroviruses has consistently confirmed that **they do not kill cells,** but rather they cause cells to multiply faster, which was the prime reason they were under such thorough investigation in Nixon's "war on cancer". Therefore it is ludicrous to hypothecate that it could cause diametrically opposite diseases, which in one case destroys cells (pneumocystis pneumonia), and in another case causes cell proliferation (Kaposi's sarcoma)!

* **FACT:** HIV relies on cell division in order to replicate, therefore dementia cannot be explained on the basis of HIV, because neurons (brain tissue) do not divide. The only things they found in the brains of autopsied AIDS victims were spirochetes (syphilis) and parasites — no HIV. (I studied that in school 35 years ago when HIV hadn't been invented!)

* **FACT:** HIV is not prolific, and like all other retroviruses it is minimally active. Cultivating it in the laboratory is a difficult, long and extensive process.

* **FACT:** Retroviruses have probably been more thoroughly studied than any microorganism in history and the knowledge that has been gathered is vast and comprehensive. There is nothing in all that thoroughly-exhaustive information that supports any of the hypotheses put forward on AIDS.

* **FACT: HIV can only be grown and replicated in the absence of antibody and in the very same lymphocytes it is supposed to be destroying. If antibody is present in the culture, as it is in humans, then HIV cannot be replicated at all.**

* **FACT:** HIV has never been "caught in the act" of destroying lymphocytes by "blowing them up so fast they can't be seen". If you calculate the amount of P-24 antigen usually reported, and reconstruct the virus, there would have to be a million viruses per milliliter of blood. Surely, if you looked under the microscope, they would have to be everywhere and you would have to see just one of them before it "exploded"!

* **FACT:** Infected T-lymphocytes are easily observed in culture. They continue to divide, are not destroyed and the cells aren't "blowing up".

* **FACT:** AIDS supposedly occurs after antiviral immunity, as many as sixty-five years after infection, yet HIV is isogenic (the same genetically) with all other retroviruses and does not possess a special latent, AIDS-specific gene. In other words, there is no genetic evi¬dence to support any of the claims being made.

* **FACT:** In the United States, Europe, and Asia, AIDS is com¬prised of **twenty-five diseases.** In Zaire and most of Africa, AIDS has **three symptoms, i.e.** fever, wasting and diarrhea. **This is impossible,** if they are supposed to be caused by one or two similar viruses. All other known viral diseases (measles, mumps, chicken pox etc.) are the same in all countries. Every physician knows that there are two rampant problems that exist in Zaire which are characterized by those three symp¬toms, i.e. starvation and parasitic disease.

Dr. Anthony Fauci, the Director of the National Institute of Allergies and Infectious Diseases, a co¬hort and supporter of Gallo, published a paper in 1985, in which he stated that the world's number one cause of T-cell depletion wasmalnutrition. Fauci also knows that malnutrition is the number one cause of immune deficiency diseases. Fauci must be suffer¬ing from memory deficiency caused by those well-known corrupting organisms — power and money!

* **FACT:** HIV appears (according to official explanation) to adopt a country-specific pathology that changes according to the nation to which it travels. It's a very "intelligent virus" they say. Amazing for a virus, one billionth the size of a cell, that can't even move on its own and is actually a dead piece of tissue! Incredible for a micro¬organism that hasn't enough genetic coding to run anything more complex than an electronic watch (Duesberg). Yet it can tell if you're gay or straight, male or female, white or black, whether you're from

Zaire, Haiti, or the United States, whether you were bom in the United States or just visiting with a green card. It ought to be hired by the immigration service! Duesberg points out that the DNA of the virus has only 9 kilobases of information stored within it, literally a minute fraction of the information needed to be that intelligent.

* **FACT: In 1989, The *New England Journal of Medicine* reported that transfusion recipients who were HIV positive had a lower death rate than those who were HIV negative. They also concluded that the death rates were determined by the number of transfu¬ sions and other factors. Therefore, HIV obviously isn't the cause.**

* **FACT:** Transfusions of HIV-infected blood was reduced ten¬ fold in 1986 (after the HIV test became available in 1985). The latent period (the time between the infec¬ tion and the development or appearance of the disease) of AIDS in children is said to be two years. This should have virtually eliminated the incidence of AIDS in transfused children. However, the incidence of AIDS in those children tripled! Please don't mind if I repeat that one:

In spite of the fact that there was *no virus* in the blood, AIDS increased by 300%!

The incontrovertible and indisputable conclusion:

HIV does not cause AIDS, it isn't even necessary for AIDS — but repeated transfusions with immunosuppressives in Factor VIII do.

(See the section on Hemophilia)

* **FACT:** Although claimed, it is virtually impossible that two viruses (HIV-1 and HIV-2) that are 60% genetically different, could cause the same syndrome.

* **FACT:** HIV activity is just as low (very, very low) in asymptomatic (HIV-positive) carriers as it is in symp¬tomatic carriers (AIDS). This is absolutely unheard of in any other disease known to medicine.

* **FACT:** No one virus, or even two, could likely cause over twenty-five diverse diseases. If the basic concept is that HIV destroys the immune system's defense of the body, **for which there is no proof at all,** then you can expect that hundreds of diseases will eventually be added to the list. In that way, the "epidemic" can be increased as needed in order to stay in the limelight, stir up more fear and hysteria, and up the profits.

* **FACT:** No virus could take so many years to cause a primary disease. None are known! This is not at all character¬istic of a retrovirus. The longer the conspirators extend the latent period, the less likely the scam will be dis¬covered and their chances of having to pay for their crimes. Why not say that everybody eventually dies from the chicken pox? That it is mysterious in the way it does it? That it can take from 2 to 65 years? Go ahead, prove me wrong!

* **FACT:** HIV violates **all** conditions of classical viral pathol¬ogy, if you believe any of the 41 or more hypotheses (there is no scientific evidence for any of them).

* **FACT:** It is pure paradox that a virus, which cannot replicate itself, would kill the host cell upon which it depends for replication in order to increase and spread. In fact, **it is impossible.** Under these circumstances an epidemic would be over before it started. Besides, while it is supposedly killing one cell, 500 more healthy cells would have been created to take its place.

* **FACT:** Retroviruses are entirely composed of genetic material and have no characteristics of life of there own. They are incapable of any acts whatsoever. They are dead pieces of tissue.

* **FACT:** Viral disease symptoms, in reality, represent the response of the body acting in its own defense and repair in the presence of foreign or toxic materials. Its response to other living organisms, when the usual balance of co-existence is upset, is commonly referred to as infection. The outcome of this disruption is determined by the relative strengths or weaknesses of either side in the conflict.

* **FACT:** It is unlikely that a single virus can cause both cell-proliferative (growth and multiplication) diseases as in Kaposi's sarcoma, and cell-destructive disease as in pneumocystis pneumonia. Theses are two completely opposite disease processes!

* **FACT:** It would be rational to conclude that an already immunocompromised individual could succumb to a virus infection. However, in the case of HIV, **there isn't one iota of evidence that HIV causes anything except,**

possibly, a mild "flu". This is true of all retroviruses and proven by 20 years of intensive research.

* **FACT:** The photographs displayed by Dr. Robert Gallo purported to be HIV "invading" (but not destroying) a cell, were actually photos of phagocytosis, which is exactly the opposite (the process by which the cell engulfs the virus).

* **FACT:** Dr. Gallo also discovered HTLV and claimed, but failed to gain acceptance, that it caused human leukemia. He likewise claimed that it was sexually transmitted and had a latent period of 40 years, but of course, no one has gotten it yet because the victims would have to reach an average age of 60 before they came down with it. By that time Dr. Gallo and his theories will long be forgotten, but his reputation may live in infamy! That theory was rejected. His current theory is just as fallacious; why was it accepted when there is no hard evidence to support it?

* **FACT:** Dr. Gallo also reported that AIDS came from Haiti, in spite of the fact that **HIV antibodies were discovered in frozen blood samples in the United States 50 years ago** (His report stirred a wave of anti-Haitian reactions in the U.S.). **Dr. Gallo, where was the epidemic 50 years ago?** Do you suppose your "very intelligent and mysterious virus" sent out a few scouts who determined, after a thorough survey, that the time wasn't advantageous to your bank account?

* **FACT:** Retroviruses have been thought to cause many diseases in the past, but extensive, honest research has proven all of them basically harmless. HIV is supposedly the first to have contradicted this research, not by any scientific investigation or proof, but by unfounded, uncontrolled, wild and unscientifically-based hypotheses!

* **FACT:** Everyone now agrees, even the supporters of HIV, that it doesn't cause AIDS by itself. This is a tacit admission that the discovery of the "cause of AIDS" was unfounded in the first place and could not have been based on sound research. Of course, they still cling to the idea that HIV plays the major role (yes, indeed, it's making billions).

* **FACT:** Dr. Robert Gallo was investigated for stealing the virus from Dr. Luc Montagnier of the Pasteur Institute in Paris. He has been found guilty of "scientific misconduct". He has not yet been investigated for fraud because his co-conspirators would be the ones who would judge him. That is very unlikely. It will probably take a congressional investigation; and it is desperately needed.

* **FACT:** Two AIDS researchers in Europe have already been found guilty of fraud; and considering the scope of the fraud, thousands of less-than-honest scientists should be indicted. Actually, when I think about it, this does represent a situation in which garbage attracted flies and **those flies created the garbage!**

Chapter 4

Epidemiology

AIDS IS NOT CONTAGIOUS — IT DOES NOT SPREAD

AIDS is not epidemic, it is *endemic.*

"The effect of the CDC's (Centers for Disease Control, USA) statistical trickery is to underreport IV-drug users as an AIDS group by at least 50%; the effect is to construe AIDS as a venereal disease, rather than a drug induced condition."

John Lauritsen and Hank Wilson,
Authors *Death Rush,* Pagan Press

Definitions:

epidemic, 1. prevalent and spreading rapidly among many people in a community, as a disease. 2. a temporary preva¬ lence of a disease.

endemic, 1. present in a community at all times, but usually occurring in only small numbers of cases.

*** FACT:** AIDS is not contagious! A study led by Dr. Gerald Friedland of the Montefiore Medical Center in New York City, and which was published in the much re¬ spected *New England Journal of Medicine* on February

5, 1986, stated that the common use of eating utensils, bedsheets, towels, toilets, toothbrushes, etc., as well as kissing and hugging do not transmit AIDS. Of course not! Immune deficiencies are not transferable. The research also revealed that individuals dying of AIDS were mostly homosexual drug users. Homosexuality, by the way, actually has nothing to do with it! Be patient, I'll explain.

*** FACT:** The creation of a syndrome and the discovery of new cases, in the absence of proof of cause and effect, **does not constitute scientific evidence** of etiology, contagion or spread. Traditionally in medicine a syndrome is:

A set of symptoms which occur together; the sum of signs of any morbid state; a symptom complex *(Dorland's Illustrated Medical Dictionary).*

The word **disease** does not appear in the definition, and therefore AIDS should not be referred to as such.

*** FACT:** Standard basic epidemiological studies have not been done. This is unheard of, unbelievable and ludicrous in light of the disastrous nature of this so-called "epidemic". The Department of Health and Human Services is guilty of gross negligence, malfeasance and conceivably may be involved in a conspiracy to defraud, resulting in manslaughter. The extremely deficient epidemiological correlation between HIV and AIDS formed the primary basis for the AIDS hypothesis. This correlation had as its cornerstone the presence of antibody in 40% of all AIDS cases and in **only 7%** of the cases in New York City and in San Francisco. The hypothesis was also based on the occurrence of AIDS in 1% to 2% of hemophiliacs annually (see the discussion on hemophiliacs).

All of the statistics, reports and plain old common sense indicate that HIV is nothing more than one of the secondary diseases that may occur when there is already an immune deficiency. Yes, this is truly a situation in which a bunch of files are creating garbage.

It is incredulous, that with this very questionable evidence, where **60 to 93%** (according to various studies) of the victims showed **no** confirmation of HIV, that the virus could be designated as the cause of AIDS. This is not just sloppy science, it is fraud! In any other circumstance such as this, in the past 100 years, it would have been looked upon as interesting, suspicious and anecdotal. **It would never have been accepted as proof!** This could only have come about through a calculated conspiracy in which those involved knowingly perpetrated this criminal conspiracy. As for the rest, it simply highlights the low quality of competency and/or ethics in science.

* **FACT:** No studies have been done comparing the number of cases in equal periods, prior to and after the onset of the "epidemic", of the 25 diseases included in the AIDS syndrome. A comparison should also be made between HIV-positive and HIV-negative individuals in all of the 25 diseases. There isn't even a published report of the number of individuals who have had the 25 diseases, but who are HIV-negative.

ANNUAL CONVERSION RATES

* **FACT:** The World Health Organization as well as other highly regarded agencies of major governments, have been issuing a statistical report giving the "annual conversion rate" of HIV to AIDS. This report lists each country in which AIDS is being studied. It tabulates the number of individuals who have tested positive that

convert to (develop) AIDS each year. It is expressed as a percentage and consequently represents the risk of an HIV-positive individual developing AIDS each year.

You will find the next set of facts unbelievable, con¬ fusing and illogical. You will undoubtedly say to your¬ self, "How could this be?" or "Something must be wrong!", and you will be right!

If, however, you eliminate the AIDS hypothesis and substitute as the cause of AIDS that which has been proven and known for at least 70 years, it all becomes clear and logical. **Read on!**

* **FACT:** The annual conversion rate of HIV-positive to AIDS in the United States is 1 to 1.5%, but varies from 0% to 25%, depending solely on risk groups (drug users and hemophiliacs are predominant). **At this rate it would take 75 to 100 years to kill the current batch of individuals that are HIV-positive.**

Where's the epidemic?

* **FACT:** In **Zaire,** where in excess of three million people are HIV-positive, less than 350 cases of AIDS were re¬ ported as of 1988. That's only .01% or a **.004% con¬ version rate per year.** At this rate it will take **25,000 years** to kill the HIV-positives! **That means it's 150 times safer to live in Zaire if you are HIV-positive!**

Where's the epidemic?

* **FACT:** **In Haiti,** 360,000 people are HIV-positive and **912** have AIDS. Their conversion rate is 0.1%, and it will take **1,000 years** to kill them. **That means it's 10 to 15 times safer to live in Haiti if you are HIV-positive!**

Where's the epidemic?

* **FACT:** If the "epidemic" really frightens you, or if you are HIV-positive, you would have at least a 150 times better chance of surviving if you —move to Zaire!

WHERE'S THE EPIDEMIC?

* **FACT:** It is impossible for a statistician to say that the actual numbers support the definition of an epidemic. How¬ ever, if some still insist that it is, let them consider that:

The 1919 flu epidemic killed many millions in one year;
Automobile accidents kill over 60,000 each year.
Iatrogenic disease kills 120,00 each year.
— Iatrogenic disease? Oh, that's disease caused by doctors!
Cancer kills more than 450,000 each year; heart disease kills over 750,000 each year;

AIDS has killed less than 100,000 in the first **10 years (approximately 10,000 per year).**

I am sure the same 25 diseases have killed at least that number each decade in the past.

Where's the epidemic?

* **FACT:** Isn't it amazing that **not one** of the thousands of **unvaccinated** scientists that have been growing this virus for over eight years, in concentrations a million times more than is found in patients, has developed AIDS? In the past, virtually every disease organism cultured and investigated in the laboratory has resulted in a proportionately larger number of cases of the corresponding disease amongst the laboratory scien¬ tists.

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* **FACT:** It is equally amazing that the number of HIV-positive individuals has remained constant between one to one and a half million since the "epidemic" began.

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* **FACT:** It is astonishing and amazing that out of over 2,000 recorded needle sticks amongst health workers, only 20 became HIV-positive, and not one case of AIDS has yet to occur — and this is with direct inoculation! If one dies, look for evidence of drug use, particularly drug therapy with AZT (the drug used to treat AIDS).

^c^**********

* **FACT: From 1985 to 1992 there were 12,000 deaths each year from AIDS. In 1992 the number increased suddenly to 15,000. Why? Because they added 5 new diseases to the AIDS definition! The actual number of cases of AIDS was on the decline until they added more diseases to the list, and still the number of new cases grew very slowly.**
They had better add some new diseases soon!

Where's the epidemic?
Give them time, they're creating it!

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NOTE:

THE PROJECTIONS FOR THE NUMBER OF AIDS VICTIMS MADE 10 YEARS AGO FOR WHAT WOULD EXIST TODAY WAS 9% CORRECT

OR 91% WRONG!

Chapter 5

AIDS is Not Transmitted Sexually

"The fact is, this whole heterosexual AIDS thing is a hoax."
Gordon Stewart, British Epidemiologist
World Health Organization

THE IMPOSSIBLE SCHEME

The claims for the sexual transmission of AIDS have gained the most notoriety and have caused the greatest concern for the world. However, they have probably had very little effect on sexual behavior except for encouraging and increasing the use of condoms. The use of condoms amongst those whose life-style includes multiple sexual contacts, has been beneficial in curtailing the sexually transmitted diseases such as "nonspecific urethritis, trichomoniasis, chlamydial infections, genital candidiasis, genital and anorectal herpes and warts, scabies, *pediculosis pubis,* and *molluscum contagiosum* **...** (and the five historically defined venereal diseases) **—— syphilis, gonorrhea, chancroid,** *lymphogranuloma venereum* **and** *granuloma inguinale." (Merck Manual,* 15th edition, 1987). **However, it will not have any effect on the "spread" of AIDS.** This will become obvious from the evidence presented.

The claims made with reference to AIDS being contagious and spreading are not valid, inconsistent with the facts, without

proof, prejudicial and intentionally distorted. Therefore, this subject will be discussed, reviewed and analyzed from several aspects in order to arrive at a rational, verifiable and truthful conclusion. The factual evidence supporting the sexual transmis¬ sion of AIDS is non-existent. What evidence there is in the litera¬ ture, would normally lead any knowledgeable, unbiased scientific investigator to the inevitable conclusion that:

HIV is **extremely difficult** to transmit sexually, and under those conditions, an epidemic would be impossible! But it doesn't make any difference because:

HIV does not cause AIDS

Therefore, AIDS does not spread!

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WHERE'S THE VIRUS?

*** FACT:** A study by Dr. Robert Gallo himself, the usurper of the AIDS virus from France, and retrovirologist with the National Cancer Institute, claimed he found HIV in the semen of **just two** AIDS patients, but neglected to state how many patients' semen he had to search through in order to find those two. He didn't even document how many viruses he found per million sperm. This lack of information doesn't meet the standards of a scientific paper, and in fact, bespeaks of a rank amateur or **a** fraud. It is incredible that this kind of garbage was given any attention at all. In fact, a review of the literature is remarkable for the absence of supporting pertinent data, which is usually mandated in most sci¬ entific research articles. If Dr. Gallo had found any other organism in the sperm of an AIDS sufferer, would he have pronounced it the cause of the disease? Not on your life! Those tests are either unpatentable or already owned by someone else.

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* **FACT:** In one study, only 4 out of 25 HIV positive men had HIV in their semen. *(Fertility and Sterility,* a scientific journal). This is hardly convincing evidence that there is anything other than the possibility that it may be a "marker" rather than the cause. In other words, the presence of the virus, which they call HIV, could indi¬cate that someone who is already immune deficient could be vulnerable to it and therefore succumb to infection. However, because HIV is so harmless, even someone with immune deficiency can form antibodies to defeat it.

* **FACT:** Other studies have shown the presence of the virus in the semen to be as little as 8% and as high as 30%. This is not acceptable as evidence of cause and effect from a scientific point of view. It is not impressive at all, especially since it has never been proven that the virus causes AIDS. In the study which indicated the inci¬dence of 30%, there was **only one virus per million sperm,** which is absolutely not sufficient **to** spread an infection (Extracted from an interview by Celia Farber with Dr. Robert Root-Bernstein, Professor of Physiol¬ogy, Michigan State University, and presented in her outstanding article "Fatal Distraction", *SPIN* maga¬zine, June 1992).

* **FACT:** **The NIH lied,** when they claimed that in one study, reported in the *Journal of Acquired Immune Deficiency Syndromes* in 1992, that HIV was found in the semen in all of the 28 subjects studied. **What they found were antibodies, not viruses, and antibodies do not infect! The virus was found in only 7,** again, in numbers too small to cause infection. Our taxes reward liars or total incompetents.

* **FACT: There are no studies published, reported or rumored that have demonstrated the virus in the semen in quantities large enough to be infectious! Incredibly, most studies involved less than 30 patients** (Computer search, September 1992).

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* **FACT:** The *Journal of Infectious Diseases* (September 1991) reported a study of 50 semen specimens taken from **only 21** asymptomatic or minimally symptomatic HIV anti-body positive men. Although HIV was isolated from 15 (30%) of the specimens, there is no indication of how many patients that represented because, obviously, one must assume that more than one specimen was obtained from each patient. The average number of specimens taken was 2.4 per patient. This could indicate that as little as one, or as many as 3, 4 or more could have come from each patient. This kind of reporting is sloppy, misleading, and not atypical of the entire AIDS fraud and the caliber of research relied upon. In addition, while there were 3 specimens from 3 patients with AIDS, only 1 out of the 3 (33%) was HIV positive. It is interesting that the incident presence of HIV was the same in both asymptomatic and AIDS patients. Statistically this renders the study as totally meaningless in support of the AIDS hypothesis. **This report actually indicates that HIV is a coincidental worthless finding.** This is unheard of in the history **of** disease! Certainly, one would expect that the active disease would demand an increase in the presence of greater numbers of the virus. It indicates total dishonesty and an insult to the intelligence of scientists, except for those growing numbers who are challenging this felonious tragedy.

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* **FACT:** All sexually transmitted diseases spread indiscriminately and rapidly (except AIDS), and the organisms

are found in the semen abundantly. (Deusberg **— and every medical text I've ever read ——** REW)

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Isn't it strange and amazing that a virus can be accused of doing so much, and not even be where it's needed — at the scene of the crime?

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It boggles the mind that, as we near the twenty-first century, a handful of dishonest scientists can knowingly concoct an incredu¬ lous story, without even a minimum of scientific proof, and have it believed.

It challenges one's sanity that they can invent more than forty preposterous speculations, all prefaced by "we believe", and un¬ supported by even one scientific study, and have them believed.

Then...

It all becomes clear...a lie involving uncommon technical information...prompted by money and power...told in reference to a sensational and frightening phenomenon...abetted by unscrupu¬ lous politicians...reported by an unfamiliar and uninformed press corps...printed and disseminated by newspapers and periodicals owned or influenced by advertising dollars from the pharmaceuti¬ cal industry (oil and chemicals)...the truth censored (rejected from publication by the same forces)...and yes...it all becomes clear!

"Even if the whole world believed a lie, it could not make it the truth. It does however speak to the cunning of the liar and the innocence, ignorance or greed of the believer." — REW

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MR. HIV, YOUR TRANSMISSION IS BROKEN!

* **FACT:** In 1984, four women who received infected donor **semen** developed HIV antibody, however, **none have**

developed AIDS or transmitted the virus to their husbands (reported from Germany). Even though it involves a small number, this study is exceptionally important because it is very close to representing a direct injection of the virus. It highlights the great difficulty involved in transmitting the virus, and why, even if the virus caused a mild "flu", **it would be impossible for it to cause an epidemic.** More importantly, in this study, neither the women or their husbands developed AIDS —— and they won't __ unless they are given AZT or start taking other drugs!

*** FACT:** A study was done of 80 HIV antibody-positive, married men whose wives were tested after having had several hundred sexual acts each with their husbands. The results showed that only 12 of the spouses became HIV-positive. **No cases of AIDS were reported** *{Journal of the American Medical Association,* January 1, 1988). How many of these used drugs? I guess the review committee let this one slip by. It appears that the question is being avoided in spite of the fact that drug use is believed to be a significant co-factor. It is interesting that they didn't comment that the study was strong evidence that the virus was not what it's cracked up to be, and that sexual transmission is a very inefficient way of spreading this innocent virus.

*** FACT:** "Several studies have calculated that it takes from 500 to 1000 acts of unprotected sexual encounters before an HIV-negative partner seroconverts to HIV-positive (Farber). Strong evidence of coincidence, but not of the transmission necessary for an epidemic. No mention was made of AIDS.

* **FACT:** AIDS is not spreading among female prostitutes (a group at incredible sexual risk), even though many do not use condoms. It wouldn't make any difference, because the virus has rarely been demonstrated in se¬ men and there are no reports of it appearing in suffi¬ cient numbers to cause an infection.

* **FACT: AIDS in females, is common only amongst those prostitutes *who use drugs.***

* **FACT:** In a period of over 10 years, there has been only 11 "documented cases" of female-to-male transmission in 30,943 men with AIDS (Celia Farber). That's only 1 in 3,000 —it's less dangerous than driving a car! Has anyone given up the family car? This virus should also be arrested for sexual discrimination! Was it transmit¬ ted, or did the mates take drugs also?

* **FACT: The testing of 4,097 pregnant women in London yielded only 1 HIV-positive who was not of a high-risk group (drug-users, etc.) *(Lancet).* No AIDS was reported.**

* **FACT:** From 1981 to 1988 there were only 1,649 sex-linked, **but not proven,** AIDS cases out of more than 125 million women in the United States (Center for Dis¬ ease Control). This represents an incidence of .0000013% and would even be smaller if corrected for the antibody-negative women who might ordinarily have developed any one of the same 25 diseases over the same period of time. As Dr. Gallo has claimed,

HIV must be a very intelligent virus. It apparently can differentiate between the sexes, either likes women and doesn't want to hurt them or doesn't like women and wants nothing to do with them. Perhaps it's intimi¬ dated by the feminists!

CAUSES, CO FACTORS OR CONFUSION?

* **FACT:** A research team led by Dr. Gerald Friedland of the Montefiore Medical Center in New York City, re¬ ported that **individuals dying from AIDS were mostly homosexuals who were** *l.V. drug users (New En¬ gland Journal of Medicine,* February 6, 1986). Is it homosexual sex, the drug abuse or both? This is the key question! The answer is obvious and would be known if honesty was the policy of the medical estab¬ lishment, the Centers for Disease Control and the rest of the governmental agencies involved in this scam. AIDS by all reports can almost exclusively be found in a **subset** of the homosexual population **—** the drug users. The statistics clearly point to drugs, rather than sex, as the cause. After all, the incidence of AIDS in non-homosexual drug users is notoriously high. Health problems caused by abuse cannot be transmitted sexu¬ ally. Besides, when was the last time you heard of alcoholism and the liver and brain damage it causes, being transmitted by sex? People with similar habits, stay together, live together and **die together!**

* **FACT:** It was announced by Dr. Scott Holmberg at the Center for Disease Control, that individuals with *Herpes genitalis* were two to three times more likely to be¬ come HIV-positive. Many individuals with herpes were treated with Acyclovir, which is a strong immunosup¬ pressive drug, undoubtedly would render an individual more likely to develop other viral infections, especially one as weak as HIV. Herpes seemed to disappear like every other "epidemic" usually does. Of course, no

AIDS was reported, but give it time, I'm sure they put these poor souls on AZT! They will then assuredly die of AIDS.

♦**FACT:** Indeed, the unfounded indictment of the local immune properties of spermatic fluid as a contributing factor to the overall immune suppression in male homosexuals when deposited in the rectum during anal intercourse, is no more than another illogical and unproven hypothetical fantasy. The immune properties of sperm logically protects the sperm from antagonistic reactions, and plays a role in protecting the union of the sperm with an ovum. Research during the past four decades indicates that between 10 and 15% of the heterosexual population in the U.S. engages in anal intercourse (Masters and Johnson). If sperm in the rectum is a "co-factor" in AIDS, where is the epidemic in that group? Any conjecture about female resistance is pure speculation with no scientific evidence.

* **FACT:** Celia Farber, noted writer and investigator on AIDS, in her classic article "Fatal Distraction" *(SPIN,* June 1992) wrote that the media uses singular examples of unproven heterosexual transmission, instances designed to "...favor the dramatic, terror ridden, Russian roulette model" using cases "in which people swear they've gotten AIDS from a single sexual act" (this is typical of the idiotic "scientific" supporting evidential nonsense that is quoted). She then points to the episode of Alison Gertz, who claimed that she got AIDS from a man she slept with on one occasion. (Alison made the statement and without proof or evidence it is accepted as true ~~she~~ must have felt the virus enter her vagina.) "Suddenly, the media were making a tremendous deal out of what is in reality a very rare example, while insisting that cases like it were the wave of the

future." A vitally important fact to remember, is that when you hear or read of one case (out of the millions who are supposedly HIV-positive) who claimed they had gotten AIDS from a man they slept with once, that is less than **circumstantial evidence** of transmission. It is illogical, arbitrary, deceptive and irresponsible on the part of the press to sensationalize the one unproven exception, when there are thousands of cases which do not support that example.

Why? Because:

1. The person could be a **drug-user** and obviously not wish to confess it.

2. The individual could have developed any one of the 25 diseases under the AIDS umbrella just as other millions have for centuries before.

3. Immune deficiencies can occur from hundreds of causes (*Merck Manual*, the physician's "bible"; the long list includes radiation, chemotherapy, steroids, antibiotics, genetic problems, drugs, and many other medications, transfusions, etc.).

4. Hasty conclusions, based on one case or one hundred cases of what could be coincidental or due to so many other causes, in the absence of scientific proof, does **not prove** anything. We only have to look at recent medical-political history to realize the cost in human life and money when we are panicked into leaping before we look. The Salk vaccine which caused many deaths and was quickly withdrawn (Salk is still looked upon as a hero!), and the "swine flu" fiasco, are but just two examples.

5. Iatrogenic! —The physician causes AIDS to develop by placing the individual on AZT simply because they were HIV positive!

****

* **FACT:** In *The Great AIDS Hoax*, author T. C. Fry points out that of the 3,246 **non-homosexual** cases diagnosed as AIDS;

A. **64%** or 2,082 were confirmed intravenous drug users (what about **non-I.V. drug users?)**
B. 2% or 75 were hemophiliacs
C. 5% or 184 had blood transfusions
D. 24% were diagnosed without etiology (cause) being determined.
E. **3%** or 120 were said to have **contact** (of which sex may have been a part) with others diagnosed as having AIDS
F. **96 – 100%** of gay men with AIDS used amyl nitrite inhalants ("poppers") heavily.*

* This statistic comes from many studies cited in major scientific journals, so I have added it to Fry's list. **Between "poppers" and AZT,** neither of which were even mentioned. You have two **proven causes of immune deficiency.** They certainly could account for the 24% reported as diagnosed "without etiology".

QUIZ: Considering the percentages, which of the above, would a rational person say, is the most likely cause of AIDS?
A, B, C, D, E or F ?

What I'm getting at here is that there are many causes of AIDS and that the virus would be the least likely candidate, even as a co-factor. John Lauritsen and Hank Wilson in their well-researched book *Poppers and AIDS* (Pagan Press, 1986), convincingly build a strong case incriminating nitrites as a cause of AIDS. But they also muddied the waters by passing on the same old hysterical, misleading information by inserting the unfounded "safe sex" recommendation without presenting the same excellent scientific basis for their admonition that they presented on behalf of nitrites as cause of AIDS. This is their misleading suggestion:

"In light of what is known now, gay men should continue to follow 'safe sex' guidelines. In conservative terms, this would mean either practicing celibacy or limiting sex to simple body contact and mutual masturbation. The simple rule for safe sex is: 'On me, not in me'." —Give me a break!

What was *known* then, and what is *known* now, is that sex is not only the least likely way that someone can get AIDS. It is not even possible! *What is being reported is the DEADLY DE¬CEPTION.*

Certainly, safe sex should be practiced to prevent venereal diseases (and pregnancy in women), but it won't prevent AIDS.

So much for the absurdity about contagion and sex as the cause or transmission of AIDS.

Let's look further:

WHY PICK ON SEX?

"Sex, the procreator of life and unequalled joy, is perennially the tyrant's ultimate weapon to subdue, coerce, threaten, instill fear and control." — REW

The answer to a question is often best understood when you exam¬ine the event and the results it achieves. Let us examine the effects of the "AIDS epidemic".

A. Most, if not all of the retrovirologists involved are now multi-millionaires.

B. Gallo, who is now wealthy, has also become famous and powerful. He has finally gained the recognition he had tried so hard to attain, but which he had failed to achieve for so many years through other bogus scientific claims that were rejected in the past.

C. The Government got "off the hook" and pressure was re¬lieved when the announcement was made that the cause of AIDS had been discovered.

D. The departments of government involved with AIDS gained more money and power.

E. Pharmaceutical companies (particularly Burroughs-Wel¬ come, the manufacturer of AZT), research laboratories, medical supply companies, condom and rubber (or plastic) glove manufacturers and countless more, have profited immensely from this megabillion dollar fraud. John Q. Public is paying for it all, on a disease whose cause is misrepresented, and in pursuit of a vaccine and drug therapy to treat a virus that hasn't done anything!

F. Over 16,000 AIDS organizations have been established. Though I am sure most have good intentions, vested inter¬ ests are formed, jobs are created and a power base is formed. "When AIDS was taken on by the media and by AIDS organizations, it was endowed instantly with a set of politi¬ cal, social, and moral implications, and an extraordinary righteousness set in, a fervor so sure of itself that it refused to tolerate any questions" (Farber).

G. It has placed a "pall of fear" on pre-marital sex and on variety in sexual expression.

H. It has given the fundamentalists in religion the opportunity to use it as an example of God's wrath and punishment on fornicators and sodomists (primarily male homosexuals). They fail to explain the almost complete absence of AIDS in lesbians. I guess God either approves of female homo¬ sexuality or selectively forgives women and not men. Les¬ bians don't seem to be effected by AIDS — unless they use drugs, of course.

I. It started an upsurge in gay-bashing and took steam out of the gay rights movement.

J. Haitian and African immigration was curtailed and even political refugees have been turned away.

With this plethora of individuals, corporations, and govern¬ mental agencies that have such incredible economic and political

power at stake, is it no wonder that the truth has been silenced and ignored. Many courageous scientists and physicians who have dared to speak up have lost jobs, grants and licences, while the perpetrators have prospered. However, the greatest crime of all is that research is going in the wrong direction. We are ignoring over 20 years of expensive time and effort that proved that retroviruses were harmless to humans, and are leaving hundreds of thousands of suffering and dying human beings at the mercy of a "killer drug" (AZT), with no hope of salvation.

Now, if you wanted to sell anything to the public, even a fraud, what subject would gain the most attention, interest and notoriety?

SEX, of course!

How diabolically cruel, calloused and insensitive it is for the medical profession and the government to perpetuate unfounded lies that attempt to:

1. Impress homosexuals that their sexual preference and behavior is the reason that they become victims of a deadly disease and therefore homosexuality is wrong and unnatural;

2. Frighten the public into believing that "traditional family values", particularly marital sex, are the only defense against AIDS;

3. Divert attention away from one of the most obvious causes — illegal immune suppressive drugs — and thus deprive the "war on drugs" of its most powerful weapon, i.e. in¬ forming the world that it is not the needles, **it is the drugs that cause AIDS!**

4. **Hide from the world the fact that many medicines (par¬ ticularly AZT), chemotherapy, radiation, our usual diet, and the chemical and biological pollution of our food, air and water, are the true causes of almost all immune deficiencies, chronic illnesses and cancer.**

Chapter 6

Then, What Causes AIDS?

"...I tried to show that HTLV-1 was not involved in AIDS, all the journals refused to publish it."

Dr. Joseph Sonnabend, Founder,
AIDS Medical Foundation

In this section we will explore the known causes of the major diseases of AIDS, especially those that make obvious the reasons why they have occurred mainly in the male homosexual, drug user and hemophiliac subgroups of world.

FACT:

There is **no scientific evidence** that HIV (the so-called AIDS virus) causes AIDS. There are a large number of reference papers which already have established the many causes of immune deficiency and specifically many of the individual diseases that have been lumped under the AIDS label. In fact, all diseases occur almost exclusively in individuals who are immuno-compromised to one degree or another. If this were not true, any deadly epidemic would have put an end to the human race long ago! It is ironic that "the blind sheep" of the medical profession, in the matter of AIDS have accepted the presence of immunity as the cause of a disease. It is more than ironic, it is frightening.

Sofar, the perpetrators of this fraud ask us to believe that HIV:

* Causes 25 diseases in the United States and Europe.
* Causes only 3 symptoms in Africa.
* Prefers men over women 9 to 1 in the United States and Europe.
* Prefers men and women equally in Africa.
* Prefers gay men in the United States.
* Prefers heterosexuals in Africa.
* Targets the young adult population.
* Ignores the old, handicapped and infirmed.
* Is less virulent in the poorest unsanitary nations.
* Only causes disease when undetectable, not present at all or in insufficient numbers.
* Never appears in clinically significant amounts.
* Is such a slow virus that it will take 25,000 years to kill the victims currently infected in Zaire.
* Destroys its only means of replication and survival.
* Conquers by committing suicide.
* (This "deadly virus") actually prolongs the life of hemo¬philiacs who receive transfusions that contain it (More died in one year after receiving non-infected transfusions than those who received infected blood).
* Is different from all other retroviruses though there is no genetic evidence of said differences.

IN ADDITION:

The perpetrators of this fraud also insist that we change definitions, rules and scientific requirements, such as:

* It is not necessary to meet the accepted rules of proof, Koch's Postulates, which have stood the test of 100 years of verification.

* Theory backed by theory is equal to fact.

* The presence of flies on garbage proves the flies caused the garbage.

One might accept HIV as the cause of AIDS if there was at least a semblance of proof that it was true. However, in this instance, we are asked to believe in pure fantasy. In truth, this is the most outrageous and deadly example of Hitler's big lie!

In response to the brilliant arguments and facts presented by Dr. Peter Deusberg (of whom Dr. Gallo himself referred to as knowing "more about retroviruses than any man alive"), Gallo responded that Deusberg's claims were "too ridiculous to waste time answering!" This is an example of the kind of quality, responsibility and intelligence of the rebuttal from the man in charge of the largest AIDS research laboratory in the world, to a brilliant, world-renowned colleague. This has been the standard pattern that Gallo has used to avoid exposure of his gigantic fraud. Gallo, in the powerful position of controlling most of the research is literally the "fox guarding the hen-house".

When in the history of modem scientific research have we ever accepted hypotheses (assumptions) as fact? When have the many discrepancies of the hypothetical been explained by more hypotheses, whose discrepancies in turn are explained by more hypotheses resulting in a never ending chain of insanity? **None of these hypotheses have ever been proven by laboratory or even anecdotal evidence!**

AIDS represents placing many different diseases under one heading, and steadily adding to that list to make it appear as though

the "epidemic" is spreading (even with this tactic the predicted "epidemic" is lagging more than 90%). In Africa, where it is **estimated** that 40 million people are HIV-positive, AIDS is de¬fined as diarrhea, fever and wasting. These are the symptoms of malnutrition, starvation, toxic pollution and parasitic disease, which are rampant in the populations cited. Yet, there are no studies to indicate that the presence of antibodies to HIV poses a greater risk to the patient. (The curing of AIDS by diet is being reported in Africa —it has already been reported in the U.S.A., Australia and elsewhere). Respected eyewitness reports and various top African government health officials revealed in 1993 that there is **no AIDS epidemic in Africa!**

KNOWN CAUSES OF AIDS

"I ask you, what kind of scientist continues to support a hypothesis that fails to explain and fails to predict?"
Harvey Bialy, Editor, *Bio/Technology*

THE AMYL NITRITE ("POPPERS") CONNECTION

*** FACT:** Many documented studies have demonstrated that be¬tween **96% to 100% of AIDS cases were users of "poppers"** (amyl nitrite, a medication for cardiacs, that was popular with male homosexuals to enhance the sexual climax). Compare this with the fact that **only 40% of the AIDS cases showed evidence of having HIV. Which is more likely the cause?**

It is important to pause here and dwell on the overwhelming evidence of the **amyl nitrite-AIDS** connection. The proof of cause and effect is undeniable, and yet, it has been largely ignored and suppressed in dissemination to the profession and the media. The documentation reference to amyl nitrite that I will present is but a fraction of the evidence available. It is representative of the evi¬dence available for the indictment of the many causes of AIDS that has been in the medical literature for decades. Considering that it was by decree and not scientific evidence that HIV is called the cause of AIDS, you will be appalled, shocked and angered at the magnitude of the deception. Many of the investigators involved in

the articles cited, linked viral infection to the use of "poppers" as the "postulated" cause of the AIDS diseases. This linking is without foundation in the absence of proper controls. It is the shoddiest of "scientific" conclusion or postulation. The use of "poppers" by the drug-using subgroup of the gay population explains why Kaposi's sarcoma is almost exclusively occurring in that cluster.

* *Annals of internal medicine,* **August 1983**

In an epidemiological study involving the first 50 AIDS patients, Harold W. Jaffe et al., discovered that 96%, or 48 of the 50, used nitrite inhalants ("poppers"). The average use exceeded 350 doses. The majority also used many recreational drugs. Sadly, the controls in this study, did not exclude drug-users and individuals who had typical immune deficient abnormalities and some of these individuals subsequently developed AIDS. I believe that this would further illustrate that the types of drugs or combination of drugs determine the type of disease that develops.

* *Lancet,* **May 12, 1984**

A 30-month study by Usha Mathur-Wagh et al, followed 42 men (bisexual and homosexual) with persistent lymphadenopathy (swollen glands). All of the subjects had inhaled nitrites and many had used recreational drugs **(none had used drugs intravenously).** Eight subjects developed AIDS during the course of the study. All eight had used nitrite inhalants heavily. The authors reported a follow-up study after 4 '/2 years in the *New England Journal of Medicine* on December 12, 1985. They reported that 12 subjects had by that time developed AIDS—all of whom were nitrite users. Kaposi's sarcoma was the disease they had in common.

* *Cancer Research,* **March 1983**

Evan M. Hersh, et al., disclosed that nitrate inhalants in **minute** amounts caused irreversible impairment in the function of the immune system and "may be related to the development of opportunistic infections and Kaposi's sarcoma...and their use should be condemned...".

* *Sexually Transmitted Diseases,* **October-December 1985**

Harry W. Haverkos, et al., in a study involving the first 87 AIDS cases, 97% had used "poppers" and 58% used 5 or more "street drugs". **All were heavy drug users.**

* **The** *New England Journal of Medicine,* **December 10, 1981**

David T. Durack, in the lead editorial, discusses why AIDS is apparently new and sees "recreational drugs" as one possibility. He points out that **"...the only patients in the series reported in this issue who were not homosexual were drug users.** Perhaps one or more of these recreational drugs is an immunosuppressive agent. The leading candidates are the nitrites, which are now commonly inhaled to intensify orgasm..." Unfortunately, Durack compro¬ mised his integrity by adding the next sentence which introduces **two co-factors** without any basis in fact: "Let us **postulate** that the **combined effects** of persistent **viral infection** plus an **adjuvant drug** cause immuno-suppression in some **genetically predisposed** men" (emphasis mine).

Durack, in inferring that three things may be necessary for AIDS, ignores what has been factually known about most drugs for decades. He makes them secondary and then throws in genetics, which is truly immaterial. Obviously, genetic disease can well stand on its own and is relatively rare. Can you imagine a genetic epidemic? He therefore places the virus infection as primary, **even when active infection has never been demonstrated. It must** have come to him in a vision, because he certainly grabbed it out of the thin ~~the~~ very thin ~~hot~~ air! I suspect that if he didn't report in this manner, he wouldn't receive any more grants!

I would prefer the company and honesty of street prosti¬ tutes over Durack, at least they admit what they are, and they certainly don't mislead their colleagues or their clients.

Perhaps Dr. Durack and the rest of the non-thinking members of the scientific community can explain the existence of the follow¬ ing documented realities presented in major journals and at major seminars in 1992:

A growing number of AIDS cases are being reported in which:

I. The presence of HIV, or even the antibodies to HIV, has not been demonstrated.

II. Individuals, particularly children, have no known "risk factors", i.e., Drug use, injections, transfusions, bom of parents with AIDS, sexually active or promiscuous, or "gay".

HI. 5% of the population of the U.S.A., or approximately 12,500,000 Americans are **purported** to be HIV-positive and yet, **the number of aids cases is proportionately dropping.**

IV. All estimates, by the major health organizations of the world, indicate that **the overwhelming majority of HIV infected people are not developing AIDS. (Of course,** we may have to wait 45 to 65 years to find out).

V. There are the extremely important and crucial studies analyzing and correlating the number of individuals who died from the AIDS diseases in the many decades prior to this "new epidemic" **—there is no epidemic!**

In the *Journal of Toxicology-Clinical Toxicology,* 1983, Rich¬ard F. Jacobs, et al., commit the same serious commission of unwarranted, unfounded and misleading statements when in their article they wrote, "Functional deficits in lymphocyte interaction following occasional or chronic exposure to inhaled nitrites may be a **potential contributing but not the [primary] factor** in the acquired immunodeficiency syndrome (AIDS) [emphasis mine]. Their article, "Cellular Immunotoxicity of Amyl Nitrite", described "some effect on all cellular functions was demonstrated" in as little as 5 minutes exposure to amyl nitrite vapors. The effects noted were significant, extensive and numerous, prompting them to com¬ment, "These effects may be a potential factor in the alterations of phenotypic markers on T-lymphocyte populations, as well as, a

potential contributing factor in the functional deficit of mononuclear cells in patients with AIDS."

I have no problem with the frequent use of the word "potential" because it is good cautious terminology. However, the definitive statement, that it is not the primary cause of AIDS, is irresponsible and not supported by any evidence. Oh well, he's probably gotten his next grant!

Michael Marmor et al, in the *Lancet*, May 15, 1982, published the kind of objective research article that is rare when it comes to AIDS. He and his co-workers were candid and straightforward, with one exception (highlighted) in their hypothesis;

"Use of amyl nitrite may have caused Kaposi's sarcoma either by directly causing immunosuppression, thereby allowing expression of a **sexually transmitted** oncogenic virus; or by allowing an unknown carcinogenic agent, otherwise controlled by the immune system, to operate; or by acting as a direct or metabolically activated carcinogen."

I would suspect that Marmor relied on the integrity of his colleagues and went with the flow, rather than look for evidence of sexual transmission himself or even conducting a search for at least one reference paper incriminating a virus. But again, throwing in "little men from outer space", enables scientists to get their papers financed and published.

You can do honest research, but unless you link it to HIV and AIDS with the equivalent of a "perhaps", it's no dice— uh, no money that is!

REVERSAL OF THE T-CELL RATIO, a signature characteristic of the immune defect in AIDS, has been cited by many respected researchers as a common, if not a constant, finding in individuals who use **nitrite inhalants.** This has been reported in some of the most renowned medical journals, such as the *Lancet* and the *New England Journal of Medicine.* Many studies on cells in the laboratory (in vitro), in mice and in humans, (Lynch, Gerblich, Ortiz, Maickel, Guss, Lotzova, Marmor, Neefe, Watson, Gangadharam, Hersh, Marmer, Newell, Goedert, Moss and others)

have clearly demonstrated this in the **absence of genetic or viral co-factors.** It has been likewise demonstrated in **humans** in the absence of any other co-factors. **There are no such comparable studies available with reference to the so-called HIV. Not one!**

HIV has never been demonstrated to cause AIDS or any of the pathological changes seen in AIDS. It is all unsubstantiated fantasy, but stated as though it were fact.

THE EVIDENCE

1. The toxicity of the inhalant nitrites is so well documented, that many states have outlawed them.
2. The **nitrite-immune defect** relationship of cause and effect is undeniable.
3. The 96-100% **nitrite-AIDS connection** is astonishing direct evidence. The laboratory and clinical evidence is overwhelming.

CONCLUSION

Nitrites (particularly inhalant) should be listed as the number one cause of AIDS in the gay population, especially those with Kaposi's sarcoma. It has already been proven. It is not a co-factor, and it doesn't need one.

It is fitting to ask why powerful government agencies did not and have not taken note of the obvious **nitrite-Kaposi's sarcoma-AIDS connection.** The **common corrupt tactic** of these agencies is to **focus on a single misleading article** (usually conducted by **a** government, government sponsored or self-serving industrial research group) that is contrary to the **wealth of articles** by independent researchers which clearly **implicate nitrites as extremely deadly.** In this instance, the Centers for Disease Control newsletter in the September 9, 1983 issue, cited a CDC/National Institute for Occupational Safety and Health Study as indicating that there was **no evidence of immunotoxic reactions from amyl nitrite. Incredibly,** the study evaluated **very low levels** of nitrite vapors approximating those found in a factory manufacturing "poppers".

This is in sharp contradistinction to direct inhalation from an ampule or bottle which is significantly higher in concentration. In spite of the fact that the researchers themselves wrote, **"...this study did not attempt to model the recreational use of these drugs...Exposures were selected to mimic an occupational exposure in order to fill this gap in the existing literature,** ***rather than to conduct brief acute high-level exposures to imitate exposure by nitrite abusers.",*** the **CDC purposely** misled the scientific community. Worse, **the CDC became criminally negligent by not warning the public of the mortal danger inherent in inhaling "poppers". Incredible!** Naturally, the industry used this article to indicate that "poppers" had been exonerated of deadly accusations.

The shameful lack of action on the part of James W. Curran, M.D., Chief of the AIDS Branch, Division of Viral Diseases, Center for Infectious Diseases, is easily understood when one realizes that as long as the myth of the AIDS virus is kept viable, Curran remains very powerful. He receives tremendous attention from the media, who unsuspectingly repeat his lies and distortions. One can only guess what incredible benefits are derived. Is this ignorance, incompetence, criminal negligence or criminal conspiracy to commit genocide?

Is this obscene corruption?
If so, it must not go unpunished!

DRUG USE

*** FACT: 95% of AIDS victims** (excluding hemophiliacs) **are drug users.** It must be recognized, however, that many individuals are reluctant to admit they are on drugs. It is socially and legally unacceptable and holds potentially severe condemnation. It is very common to **exclude** "poppers" and AZT from the definition of drugs. In view of the fact that only 40%-50% of AIDS victims test positive for having had an HIV infection, it would seem far more logical that drugs cause AIDS. This, of

course, would not sit well with the illegal drug cartels, pharmaceutical companies and all the other vested in¬ terests involved (fund raisers, field workers, research¬ ers, etc.).

* **FACT:** Approximately 70% to 80% of intravenous drug users develop AIDS. Compared to the percentage of AIDS sufferers (50%) who demonstrate the virus HIV, even a child would conclude that drugs are certainly more likely to be the cause of the disease called AIDS, If anything, HIV should be called the "co-factor", even though there is very little to support that concept.

* **FACT:** **Marijuana** impairs the functioning of monocytes, and users are suffering the symptoms of AIDS (Argonne National Laboratories).

* **FACT:** **The *Merck Manual,* since 1952,** has described the symptoms and disease designations of what is now called AIDS as "Immunodeficiency Diseases".

* **FACT:** The medical literature is replete with references to the causes of acquired immunodeficiencies. They are: all narcotics, sedatives, tranquilizers, alcohol, cardiac drugs (amyl nitrite, Inderal), steroids, chemotherapy, non¬ steroidal anti-inflammatory drugs, aspirin, Tylenol, anti¬ virals, antibiotics, radiation, malnutrition, immuno¬ suppressive drugs (used in transfusions of blood, tissue transplants and with chemotherapy) and even stress. Notice that the majority of the items listed are drugs.

Although many would argue that the way in which pollutants in our air, water and food cause disease is not via immune suppression, I believe that it is purely technical and the results are ultimately the same. I, therefore, would add them to the list. All foreign substances introduced into the natural world, to which we adapted over a period of 60 million years, must have some adverse impact on our ability to cope with even the most subtle natural changes in our environment.

* **FACT:** Tertiary syphilis, which appeared in the sixteenth century at a time when mercury, a virulent poison and immunosuppressant, was used for treatment, is identical to the description of AIDS, and indeed, is now called AIDS.

Those who would advance the argument that individuals who develop AIDS are responsible for their own problems because they brought it on themselves, ignore the fact that the Pharmaceutical-Medical-Govemmental Complex failed to reveal that immune deficiency has long been known to be the result ("side effect") of all narcotics and most medications, particularly amyl nitrite and AZT. The public and even the average physician have been denied the truth.

The heinous history of immorality, criminal attitudes and behavior of the Center for Disease Control continues today. Their abounding ignorance, stifling bureaucracy and cold disregard for the human cost of their actions and, in many cases inaction, can be exemplified historically by the infamous Tuskeegee experiment. Four hundred black men were deliberately left untreated for syphilis for a period of forty years (1932 to 1972) to determine the ultimate effects, longevity and complications of the disease. In spite of the fact that this information was already known, the CDC defended the experiment as a "clinical matter where the decision may not have been correct" (emphasis mine).

The world's #1 retrovirologist blows the whistle!

DR. PETER DUESBERG ON AIDS

"Truth is not verified by popular vote, it avoids no question and answers without emotion."— REW

The conclusion to Dr. Peter Deusberg's brilliant paper pre¬sented for publication to the *Proceedings of The National Academy of Sciences USA*, vol. 80, pp. 755-764, February 1989, serves to answer the question of causation better than any I have seen. All emphasis is mine.

> "What are the causes of AIDS? I propose that AIDS is not a contagious disease caused by one conventional virus or mi¬crobe, because no such virus or microbe would average 8 years to cause a primary disease, or would selectively effect only those who habitually practice risk behavior, or would be able to cause the diverse collection of over 20 degenerative and neo¬plastic diseases. Neither could a conventional virus or microbe survive if it were as inefficiently transmitted as AIDS, and killed its host in the process. Conventional viruses either are highly pathogenic and easy to transmit or are non-pathogenic and latent and hence very difficult to transmit. Conventional viruses or microbes also exist that cause secondary or even primary diseases long after infection, but only when they are activated from dormancy by rare acquired deficiencies of the immune system. Such opportunistic infections are the conse¬quence rather than the cause of immunodeficiency.
>
> **"Since AIDS is defined by new combinations of conven¬tional diseases, it may be caused by new combinations of conventional factors. The habitual administration of factor VIII or blood transfusions or of drugs, chronic promiscu¬ous male homosexual activity *that is associated with drugs,* numerous acute parasitic infections, and chronic malnutri¬tion —each for an average of 8 years—are factors that appear to provide biochemically more tangible and plau¬sible bases for AIDS than an idle retrovirus.** Indeed, the correlation between AIDS and such factors is 95%. Among these factors, EBV, cytomegalovirus, herpes simplex virus, and

administration of blood components and factor VIII have all been identified as causes of immunodeficiency not only in HIV-positive, but also HIV-negative, hemophiliacs. In fact, **the dose of factor VIII received was found to be directly pro¬portional to subsequent immunodeficiencies.** The habitual admission of narcotic toxins appears to play a major role in the U.S. and Europe. Moreover, that the Kaposi's sarcoma cases decreased exactly with the use of nitrites, rather than lagging behind it by 8 years as would be expected from the presumed 8 year latent period of HIV, argues directly against a role of HIV in Kaposi's sarcoma. About 30% of the American AIDS patients are confirmed users of injected drugs. Because of the difficulties in assessing drug data, it is probable that the per¬centage who use injected and/or non-injected drugs is even higher. For example, nine different drugs were used in combi¬nation by a cohort of antibody-positive homosexuals in San Francisco. Again there are quantitative drug-AIDS correla¬tions. For example, the decreased use of nitrite inhalants was shown to correlate with the decreased incidence of Kaposi's sarcoma in homosexuals.

"Further, it has been documented that protein malnu¬trition, parasitic infections and (exposure to toxins) are the most common causes of T-cell immunodeficiency world¬wide, particularly in developing countries. Unlike **HIV,** the specifics of these risk factors provide a plausible explanation for the risk specificity of AIDS diseases. The long and unpre¬dictable intervals between the appearance of antibody to HIV and the onset of AIDS would the reflect the thresholds for these factors to cause AIDS diseases, rather than an unlikely mecha¬nism of HIV pathogenesis.

"In response to this view it is often pointed out that AIDS risks have existed for a long time, whereas AIDS is said to be a new syndrome. However, this argument fails to consider that the major risk groups —— male homosexuals and intravenous drug users —— have only become visible and acceptable in the U.S. and in Europe during the last 10 to 15 years, about the same time that AIDS became visible. Acceptability facilitated and probably enhanced risk behavior, and thus the incidence of the many diseases now called AIDS. Increased consumption of drugs was reported to have increased the number of drug-

related deaths, although unconfirmed HIV infections were the preferred interpretation. Moreover, the particular permissiveness toward these risk groups in metropolitan centers encouraged the clustering of cases that was necessary to detect AIDS. Further, it has been pointed out that **slim disease, fever and diarrhea in Africa are not a new epidemic, but old diseases under a new name, caused by previously known infectious agents and malnutrition.**

"This analysis offers several benefits. **It ends the fear of infection by HIV,** and particularly of immunity to HIV, because it proves that HIV alone is not sufficient to cause AIDS. To determine whether HIV is **necessary** for AIDS, controlled, randomized analyses either of risk takers who differ only by the presence of antibody to HIV or of antibody-positive individuals who differ only in taking AIDS risks must be carried out. Moreover, assessment of a pathogenic potential of HIV would depend on evidence that the life-span of antibody- positive risk takers is shorter than that of antibody- free controls. In addition, it should be determined whether, prior to 1981, AIDS risk takers ever developed what are now called AIDS diseases. This analysis also suggests studies on how the nature, frequency, and duration of AIDS risks generate risk specific diseases. Such studies should include persons treated with AZT before and after AIDS symptoms to assess the **AIDS risks of AZT. To** this end, diseases should be reported by their original names, rather than AIDS because of their association with antibody to HTV. *Finally, this analysis suggests that AIDS prevention efforts be concentrated on AIDS risks rather than on transmission of HIV."*

I took the liberty of highlighting several key sentences, as well as separating the last paragraph because of its singular importance. The studies that Dr. Duesberg suggests are so basic and elementary, that any individual or agency that would make scientific claims without them is inexcusable.

When Margaret Heckler adopted HIV as the cause of AIDS, basically all institutions which rely on HHS for funding, grants etc., had to go along and cooperate, or face extinction. HHS is the paymaster for all health departments and agencies. This includes the National Institutes of Health. Bureaucracy suppresses freedom

of thought and expression, so if you want to keep your job, you keep quiet and go along with the flow. Politics not only enters science through this route, but it controls it. There is obviously no conflict of interest rulings involved, so profit and power supersedes truth, and therefore integrity is compromised. In scientific circles and in law it is considered blatant fraud and the perpetrators should be criminally prosecuted for that fraud, as well as for all of its consequences.

Risk groups represent 95% of the AIDS cases in the United States. Rather than waste incredible sums on absurd unscientific hypotheses, we should be asking what it is that they are doing that the rest of us are not? Then, if we include all individuals who have the same 25 diseases, but who are HIV-negative, the answer will be very clear! Just as clear as it was when it was first printed in the *Merck Manual* over 40 years ago and which is even more self-evident today.

INTERMISSION

A TIME TO REFLECT —— AGAIN

As I promised at the beginning, now is the time for you to pause and to ask the first set of questions. The brainwashing for years by the press leave most people with an element of confusion and doubt. It would not be unusual for you to wonder and ask:

THEN WHY ARE SO MANY PEOPLE DYING OF AIDS?

If one person dies of any disease, it is too many. I have prefaced my answer with that honest statement so that you will not think that my answer is a casual one.

Firstly, **that** many people are **not** dying of AIDS. It represents a very small percentage of deaths except in third world countries where starvation is rampant. The predictions for the future are exaggerated to the extreme and have fallen short by significant amounts. The "epidemic" had failed to grow for several years, until they added more diseases. You might read that AIDS is the "lead¬ ing cause of death" in a particular age group, which may make it sound as if it is far more widespread than it actually is. It would be expected for AIDS to be the number one killer in the age groups (20's to early 30's) that are heaviest into drugs —and it is! Infec¬ tions have never been prevalent in that age group.

THEN WHY ARE BABIES AND
SEXUAL PARTNERS GETTING AIDS?

The baby bom of an addicted mother will be immune deficient and have all the symptoms of drug addiction, which are identical with ARC (AIDS Related Complex) patients. When you look at a crack cocaine baby, it is identical to the babies of Somalia and the AIDS babies of America.

What about Arthur Ashe?

This famous tennis star received blood transfusions with sur¬ gery. The claim was that the virus was transmitted through the blood. This might be true, but the virus has never been shown to cause any disease in humans. Therefore, the most likely causes would be those which have been proven, i.e. the immune suppressives in the blood or even more likely, the use of AZT.

Will "Magic" Johnson (the basketball superstar) die of AIDS?

If he is on drugs (including AZT) – YES! If he is not – NO!

How did he become HIV-positive?

I, of course, don't know for sure. It could have been from measles or a "flu" – but who cares? It doesn't mean a thing! It could be a marker for immune suppression. Without a good medical history, physical examination and laboratory workup, I would only be guessing.

What about the cases I read about in the newspapers, in which somebody got it from a dentist or from having sex with an infected person one time?

It wouldn't make any difference if you did **IT** a thousand times. You cannot get AIDS from anyone. Either drugs were involved or the AZT killed them and fulfilled the prophecy.

****

A FRIENDLY REMINDER

Immunodeficiency disease is caused by:

Malnutrition, environmental toxins, radiation, chemotherapy, transfusions (usually multiple) which contain immunosuppressives, excessive emotional and physical stress, recreational drugs and a great variety and number of prescription drugs!

HIV does not cause AIDS!

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Chapter 7

Prevention And Treatment

WHAT IS AND WHAT SHOULD BE

Undoubtedly, there will be many individuals, particularly in the gay population, that will resist the truth about the cause of AIDS, because they fear it will dry up funds that are presently being provided for AIDS research and the care of AIDS sufferers. A large segment of the medical industry will also denounce, oppose, twist and distort the facts in order to protect their pet goose and keep the production of "golden eggs" as bountiful as ever. The billions of dollars harvested by government agencies, administrators and pro¬moters of funds for the 16,000 AIDS organizations, pharmaceutical companies, technological instrument companies, laboratories, phy¬sicians, and the thousands of health care workers and researchers, will be desperately missed. Is it no wonder that this fraud persists? However, the current research will be as fruitful as fishing for sharks in the dessert. In addition, the current fallacious approach to therapy will only continue to result in millions of unnecessary and brutal deaths.

DRUGS AND CHEMOTHERAPY (AZT) — DANGER!

*** FACT: The drugs which are used to treat AIDS are established causes of immunodeficiency;** antibiotics, steroids, and in particular, the only chemotherapy infamously approved by the FDA; azidothymidine **(AZT),** — *which actually causes AIDS* (see package insert).

"AZT Is A Random Killer Of Infected And Non-infected Cells. AZT cannot discriminate among them. It kills T-cells; B-cells; red cells (that carry oxygen) — it kills all cells. AZT is a chain terminator of DNA synthesis of all cells — no exceptions. It wipes out everything. In the long run it can only lead to the death of the organism — and the cemetery. **AZT is a certain killer! Who will be held responsible for the death of patients (some 180,000 now being treated with AZT) that results from AZT therapy-pharmacological homicide?"** (quoted from Peter Duesberg's article **in** the *Truth Seeker,* Sept./Oct. 1989)

Insanity! This in fact, makes up a major part of your deadly epidemic! Can you fully comprehend the horrendous meaning of the AZT treatment? Individuals who test HIV-positive, which indicates they have immunity to a harmless virus, are then given a drug which will cause them to develop the very disease they did not have and then die from it. AZT cannot cure drug addiction or starvation except by killing the patient; and, of course, death cures everything.

*** FACT:** AZT was sitting on the shelves of the National Institutes of Health in Washington, D.C., after it failed as a cancer drug, because it was **too toxic.**

*** FACT:** AZT, was the subject of a double-blind study conducted by Margaret Fischl at the Jackson Memorial Hospital, University of Miami Medical Center. **A** double-blind study is one in which neither the patient nor the doctor knows whether the patient is getting the experimental drug or the placebo (fake). In this way it

is impossible for the doctor to influence the outcome of the experiment and the psychological effect of receiving medicine is nullified or equal for both. The placebo is usually an inert powder that has absolutely no discernible effect on the patient. The study by Dr. Fischler was prematurely discontinued after 16 weeks for "ethical reasons" because of the greater death rate in the control group. This study, which resulted in AZT being released for use in treating AIDS, was heavily flawed and fraudulent because:

1. AZT is highly toxic and rapidly produces 56 side-effects. It is virtually impossible to do a double-blind study under those circumstances.

2. The participants were all from the homosexual population in Miami, which is very clannish and highly communicative amongst themselves. This is supported by the fact that the placebo patients had an unprecedented **31 side effects.** This incredible statistic could only occur with close communication and comparison by the participants; and therefore is tacit evidence that the double-blind code was broken and the study useless. Further on, **I** prove the code was broken.

3. All AIDS patients at the AIDS clinic were told they were going to die and that AZT was the only treatment available (although experimental). Under those conditions, any patient suspecting that they were on the placebo, would become devastated, lose all hope and die more quickly (a phenomena not unfamiliar in medicine). It also explains why the "placebo" group had 31 side effects from a substance that shouldn't produce any. Psychologically these patients would develop similar symptoms to their cohorts because emotionally they could not face the fact that they were facing certain death without even a chance to survive. There is proof the drug was shared.

4. The dishonesty of those in charge of the study becomes obvious when it is known, that when the researchers applied to the FDA to be able to test a larger number of individuals, they failed to reveal that after 48 weeks the death rate in both the drug and placebo groups were equal.

BUT...

Now comes the kicker!

After the study was completed —— long after the drug was approved by the FDA — the report submitted revealed the following facts:

A. The participants in the study were aware who was on the placebo and who was on AZT.

B. Some participants on AZT shared their drug with those who were on the placebo.
(This means the study was completely invalid and the "double-blind" did not exist).

C. The individuals on AZT required 3 to 8 times more transfusions than the placebo group.

This is extremely revealing and alarming!
It reveals why it appeared that the AZT group
did so much better than the placebo group.
Transfusions temporarily provide increased strength,
sense of well-being and protection against infection.

It is alarming because it indicates that AZT destroys the immune system and requires frequent extraordinary steps for survival.

Subsequent studies, not funded by Burroughs-Wellcome indicate that AZT hastens death, and that the other studies with their remarkable results were obviously fraudulent.

Conclusion: AZT —— Perfect —— for committing legal murder!

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MX SCORECARD

Discovered in the 60's, but put aside —— it was too toxic for cancer chemotherapy

1000 times more toxic than reported (Avramis et al., 1989)

Destroys T-cells same as AIDS does and leads to death
(Balzarini et al., 1989;
Mansuri et al., 1990; Hitchcock, 1991)

Prescribed in doses 20 to 60 times more lethal than needed to kill human cells in the laboratory

Destruction of blood —— life threatening — needing transfu¬sions (30-50%)

SIDE EFFECTS OF AZT

(Extracted from the insert of retrovir™ (zivovudine-AZT)

"Side effects" = unwanted direct effects

Cancer (lymphomas)	**Impotence**
Hepatitis	**Severe Nausea**
Dementia	**Chest Pain**
Mania (Madness, Frenzy)	**Insomnia (can't sleep)**
Seizures (Epileptic)	**Ataxia (loses balance)**
Anxiety	**Depression**
Pain, Generalized	**Muscle Atrophy (Wasting)**
Anemia	**Dyschromia of Nails**
Leukopenia*	**Dyspnea**

Neutropenia*	**Encephalopathy (Wernicke's)**
Pancytopenia*	**Polymyositis (muscle inflammation)**
Thrombocytopenia*	**Weakness**
Fever	**Diarrhea**
Rash	**Itching**
Urinary Frequency	**Sweating**
Vertigo (dizziness)	**Alteration of Taste**
"Sick Feeling"	**Vaginal Cancer in Laboratory Animals**

Serious interactions with all pain medicines, from aspirin to morphine

* Standard laboratory evidence of immune suppression.

* **FACT:** No studies have been done to determine the AIDS risk in individuals who took AZT after the symptoms of AIDS appeared, as compared with those who took AZT before the symptoms of AIDS appeared.

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* **FACT:** Physicians who have been successful in treating AIDS by eliminating recreational drug use and not using drug therapies have been ignored. Their articles are not printed in mainstream journals. Many have lost their licenses to practice medicine because they refuse to use orthodox methods such as killing their patients with AZT. In a "disease" that has no successful therapy, the suppression of innovative and creative thought is rampant and the lethal process goes on. This is one reason why the "epidemic" persists and we continue to

add to the loss of lives, the loss of honest scientists and the loss of progress. The treatment of the 25 different diseases, when they do occur, should involve the appropriate antibiotics and antifungals if truly necessary (ozone and herbs are better) along with abstinence from drugs, change in diet and the addition of supplements and the safe therapies available (see the section on treatment). However, chemotherapy is absolutely contraindicated; and immune supportive therapy, which is available throughout the world should be tried, especially in the immuno-compromised individual.

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WILL A VACCINE BE DEVELOPED AND DO WE REALLY WANT ONE?

'7 ask you, what kind of scientist continues to support an hypothesis that fails to explain and fails to predict?"

Harvey Bialy, Editor, *Bio/Technology*

It is with great trepidation that Icontemplate the appearance of an AIDS vaccine. This pronouncement must shock you, so let me explain. First of all, vaccines are used to produce antibodies to fight a disease. However, the test for AIDS is a test indicating you have antibodies and therefore are immune to the disease. Why then do we want to produce what we already have and for a virus that is harmless? There is, however, another important objection. Though it is not generally known to the public, vaccination has been a controversial issue amongst scientific researchers for many decades. The true facts about vaccination have been effectively concealed or at least only partially presented, even to the medical profession.

William F. Koch, a world renowned scientist in the field of virus and cancer research, wrote in his text, *An Introduction To Free Radical Therapy* (1961), "The protein capsule (of the virus) has specific antigenic powers that yield specific immunological responses, and serological reactions. This is the part that is convert-

ible into a vaccine used to excite immunological reactions in the patient. There is no immunological response to the nucleoprotein part though this is the part that causes the pathology." He then restates, "...vaccines for a specific virus do not immunize against the nucleoprotein that is the actual pathogen, especially after it has penetrated and integrated with the host cell, so talk about curing...is a waste of time. Even the prevention of viral infection by vaccine is meeting the strongest statistical opposition since the large scale smallpox and Salk vaccinations have been recorded. In line with what is known about vaccine structure, statistics appear logical when they **show** that **paralytic 'polio' is increased both in incidence and fatality by use of the vaccine."** He then presents the number of cases of "polio" reported in major diverse areas of the U.S. and Canada before and after the use of the Salk vaccine.

Let's take a look:

EFFECTS OF POLIO VACCINE

AREA REPORTED	No. of cases in yr. **before** the vaccine	No. of cases in yr. **after** the vaccine
MONTREAL	less than 100 cases	521 cases, 27 deaths
OTTAWA	64 cases, 7 deaths	455 cases, 41 deaths
(In all of Canada, there were 7 times more paralytic cases with a greater death rate, after the vaccine was used.)		
DETROIT	226 cases	697 cases
UNITED STATES	5,987 cases 3,090 paralyzed	8,531 cases 5,661 paralyzed

(In North Carolina and Tennessee, where vaccination was compulsory, there was a **400% increase)**

Koch then comments on his experience with hog cholera and rabies in Cuba and South America. "It should be stated that every epidemic of viral disease treated...followed vaccination within **a** few months, when protection should have been had instead of an epidemic."

SMALLPOX

About smallpox, Koch cites the Philippines where the U.S. Army forced the vaccination of 3,285,376 natives in 1918, "when no epidemic was brewing" and only mild sporadic cases were occurring. After being vaccinated, **47,369 came down with small¬pox and 16,477 died.** In 1919, they vaccinated 7,670,252 people, which resulted in **65,180 cases of smallpox and 44,408 deaths.**

The obvious question arises then as to why there has been a decrease in the diseases for which we vaccinate. This is precisely where the controversy lies. The opponents argue that most viral epidemics were already on the decrease when the vaccinations were employed and the major reason for this was the vast improve¬ment in sanitation and hygiene. These are factual and strong argu¬ments in view of our extensive knowledge about epidemiology and transmission. Proving it absolutely is very difficult. However, the figures speak for themselves. Almost all disease is more rampant where sanitation, hygiene and nutrition is poor. It is further argued that statistical dirty tricks are often employed by the Government, as is being done currently in the so-called AIDS epidemic. In "polio", for example, several diseases were renamed and placed under one banner. When the vaccine was introduced, the Centers for Disease Control issued "...new diagnostic guidelines that rel¬egated what would have been polio diagnoses back to the menin¬gitis of pre-polio days." (T.C. Fry)

* **FACT:** In 1984, Gallo bragged that a vaccine would be avail¬able by 1986. Have you seen it? Perhaps we are better off! He is, because he's still getting grants in support of his quest for a vaccine. Gallo can't lose! He can get grants *ad infinitum.* If he does develop one, it won't cure AIDS and it could make him the wealthiest "con man" that ever lived.

* **FACT:** It is pure fantasy to expect to develop an effective vaccine against HIV even if it caused AIDS, because it mutates and therefore it would have to be effective

against several strains which seem to be popping up all over the world. None of these strains, by the way, have been proven to cause AIDS!

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* **FACT:** Even if a vaccine were developed, one would have to wait 2 to 30 years to determine if it were effective; at least that would be the excuse. Besides, with the shoddy epidemiological knowledge that we have, it would be impossible to arrive at any conclusion. New cases would continue to appear; and because HIV is not the cause, it would be assumed that the vaccine wasn't effective or that a new strain had appeared. Nothing would change and the farcical search would continue.

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* **FACT:** The purpose of a vaccine is to stimulate the production of protective antibodies in order to prevent a disease. *But we already have antibodies,* **which is why we don't get any disease from HIV and** *why you can't culture HIV if antibodies are present.* However, we are told that the antibodies that humans have already produced do not protect us from getting AIDS. They happen to be right in this instance. How could they protect us if HIV doesn't cause AIDS? The testing of a vaccine will be a total farce and bring in billions more to the charlatans for a vaccine that will do nothing, except possibly kill or maim the recipients because of allergic reactions or contamination, like other vaccines have done. A vaccine for an epidemic that never ex¬isted will undoubtedly be successful because it has nothing to accomplish! As long as people use drugs or have the need for many transfusions, there will be the same percentage of deaths from the same 25 diseases. They will simply reinstitute the old names and stop calling them AIDS. Presto digitum— the vaccine works!

FACT: A vaccination treatment for a virus that has never been proven to cause anything can be a dangerous and very costly game. **Remember the deadly Salk vaccine.**

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TO RECAPITULATE

HIV DOES NOT CAUSE AIDS

EVEN INDIVIDUALS WITH SUPPRESSED IMMUNE SYSTEMS CAN MAKE ANTIBODIES TO HIV

VACCINES ARE USED TO STIMULATE ANTIBODIES, THEREFORE, WE DO NOT NEED A VACCINE

WE ARE WASTING LIVES AND BILLIONS LOOKING FOR SHARKS IN THE DESERT!

Chapter 8

The Cure

ALTERNATIVE THERAPIES THAT REALLY WORK

*** FACT:** Many books and papers have been written and lectures have been given by alternative practitioners on effec¬ tive treatment programs. The treatments are logical and are based upon "state of the art" knowledge, some of it dating back to the time of Hippocrates (400 B.C.) All of it is safe and is designed to improve health and therefore boost the immune system. Although antibiot¬ ics, antifungals and antiparasitics have been used in critical situations, natural products are preferred. The establishment refers to this therapeutic approach, even though successful, as "anecdotal" (a short narrative of interest, out of experience only), but lacking in scien¬ tific proof. How anxious establishment medicine is to forget and conceal that a study by the Office for Tech¬ nological Assessment, an agency of the U.S. Congress, in 1977, determined that 80% of medical therapies in use have never been scientifically proven, and there¬ fore 80% of what Medicine does is "anecdotal".

*** FACT:** All of the following therapies have been reported ef¬ fective in the treatment and/or the prevention of AIDS:

DIET(S)

A LOW FAT, LOW PROTEIN AND HIGH COMPLEX CARBOHYDRATE DIET.

A mostly vegetarian diet, raw preferably, that includes a wide variety of nuts, legumes and fruits, would be preferred. A small amount of fish, chicken or meat (3 ounces), several times a week can be tolerated, and for many even necessary to insure an adequate essential amino acid intake. For those who will seek the advice in nutrition from a qualified nutritionist or alternative (Hippocratic) physician, a modified vegetarian diet can be monitored. Some advocate that protein be mainly ob¬ tained from lamb, venison, turkey, tempe and eggs. They can also recommend the appropriate nutritional supplements. Even the ultra-conservative American Cancer Society said a few years ago, that we could prevent 35% of all cancers with diet alone. If it can prevent cancer, why couldn't it be used as a treatment in cancer and AIDS? (Shhhh! Don't tell them — it's already been done!)

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A few extra tips:

Go easy on peas, especially canned - too much selenium.
Wash foods thoroughly with soap and water.

Peel most fruits and vegetables because of insecticides (organically grown is best).
Eat more rye and less wheat (avoid refined carbohydrates).
Nuts should be eaten raw when possible (hold down peanuts).
Chew food well and eat small amounts frequently.
Drink lots of water, but not at mealtimes.
Avoid milk and artificial drinks.
Keep your bowels moving, an occasional enema is helpful when the bowels get sluggish or even as a routine, but use more frequently for gas and fullness.

AVOID FRIED OR PROCESSED FOODS, CHEMICAL AD¬ DITIVES AND REFINED CARBOHYDRATES. Remember the old adage, "If you can't pronounce it, don't eat it!

In using oils, linseed (flaxseed), olive, almond and safflower are fine if cold-pressed and unprocessed, but be on the lookout for and avoid hydrogenated or partially hydrogenated oils. Avoid foods baked with fat. Peppers and garlic are natural antibiotics.

FRESH, RAW OR LIGHTLY COOKED FOODS ARE BEST.

DRINK SEVERAL QUARTS OF PURE WATER EACH DAY.

AVOID CAFFEINE, SALT AND SUGAR.

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THE BUDWIG DIET

I am borrowing the following from my book, "The Cancer Solution" because it is one of the best immune supportive diets available.

The diet is presented in two parts. The first section, I. PREVENTING AIDS, is for individuals who do not have AIDS, but who understand that their lifestyle (drug-use, self-abuse, etc.) is obvious risk behavior and therefore places them at great risk of developing AIDS. This diet is designed to correct much of the damage which has undoubtedly occurred. The second section, II. IF YOU HAVE AIDS, is for individuals diagnosed with AIDS and are in need of a more aggressive approach. FOLLOW IT TO THE LETTER!

I. PREVENTING AIDS

PURE VIRGIN COLD-PRESSED UNPROCESSED LINSEED OIL (FLAXSEED OIL)	1 TABLESPOON
LOW FAT COTTAGE CHEESE -	1/2 TO 1 CUP

This basic combination of fatty acids and sulfur rich protein can be taken alone or in combination as a mixture. However, there are many ways that it can be varied by adding flavoring or other food ingredients to suit your own taste, (see below)

THE RECOMMENDED DIET

The diet which is slowly being recognized by all medical authorities as cancer preventive and immune-boosting stresses the intake of:

Fresh Fruits---------- 3 to 4 medium size portions daily

Fresh Vegetables ---------- 4 to 6 cups
(Several tablespoons of linseeds and/or 1 to 2 tablespoons of the oil can be used in the salad dressing or on the vegetables) Be sure to includecabbage, broccoli, and maitake mushrooms

Unprocessed whole grain breads and cereals ---------- 3 to 4 cups or portions

Fresh Fish
(Preferably cold water variety) ----------4to8oz.
An excellent source of the omega-3 fatty acids is rainbow trout.

Fresh Meat - Bred without hormones, fat producing diets or feed that has been grown with pesticides or antibiotics - ----------3 '/2 oz. - 1 to 2 times a week.

Liquids - Bottled water. If possible it should be purified by reverse osmosis, distillation and ozonation. There are many individuals who have difficulty with drinking the eight glasses a day that are recommended. Suggestion: place one glass of your favorite juice in a liter or quart bottle and fill the remainder with water. It is refreshing.

Herbal teas

Fresh fruit juices - (citrus fruits should not be taken within several hours of the linseed oil-cottage cheese portions)

Caution: Remember that eating any processed oils will coun¬teract everything you are trying to do. They are poison, as are all fried foods. Eliminate as much sugar as possible from the

diet. Remember that honey (not royal jelly) is primarily sugar. Prepared foods must be devoid of all artificial preservatives or chemical additives. Artificial sweeteners are absolutely forbidden! If god didn't make it or you can't pronounce it – Don't eat it!

Helpful Hints: The first time I tried linseed oil on a salad, I was pleasantly surprised. I had expected it to taste strange or unusual. It didn't—it tasted great! The mixture with the low-fat cottage cheese was even more exciting than I anticipated. I actually looked forward to eating a slice of the multi-grain bread covered with a thick layer of the mixture. I do realize that you cannot argue taste, and that taste varies tremendously. With that in mind, I am providing a whole list of ingredients and suggestions for making the Budwig "formula" a delight for your palate.

For Breakfast:

Fruit Juice

Cereal - ground linseeds, whole grains and nuts, raisins, chopped fresh fruits,linseed oil and low-fat cottage cheese,'/3to V2 cup low-fat milk, and honey mixed well in a blender.

Eggs - blend 2 eggs with 1 teaspoon of linseed oil and 1 tablespoon low-fat cottage cheese; add chopped tomato, onions and green pepper, herbs and spices; slowly bake or broil.

"Coffee" - made from roasted cereals

For Lunch or Dinner:

Salad - any desired mixture of greens, vegetables or fruits.

Dressings: low-fat cottage cheese and linseed oil mixture, then add for:

Honey Mustard: 1 tsp. honey and 1/2 tsp. of Dijon mustard

Creamy Italian: vinegar, herbs (Italian), then for taste variation, add any combination of spices, mustard, raw egg, garlic, onion powder, crushed anchovies

Green Goddess: minced spinach, cucumber parsley, lemon and dill.

Mexican: minced chile, red peppers, tomato onion, herbs and spices.

Fruit: honey, crushed nuts, poppy seeds and linseeds – touch of cinnamon, lemon and/or mustard if desired.

Soups:

Gazpacho Soup: dilute basic mixture with low-fat milk and add: tomatoes, garlic, cucumber, onions, herbs and spices; blend well and chill.

Bean Soups: prepare your favorite soup in the usual way and add the Budwig mix to it.

Other Soups: tomato and onion soups can be made as usual and the Budwig mix added.

Cooked Vegetables: steam cook and coat with oil and spices. Honey and oil is great for corn and sweet potato. Baked potato goes well with mix, oil alone or with onions, parsley etc.

Dessert: The basic mixture plus cut up peaches, berries, flavoring, nuts, cinnamon, cloves, nutmeg, honey and your personal creativeness.

n. IF YOU HAVE AIDS:

It is imperative that you follow the diet exactly — no cheating is allowed! Dr. Budwig placed great stress on following the diet exactly. Her many years of experience have convinced her that failures do not occur except when the patient is lax with her treatment. Use the linseed oil more frequently during and for in-between meal snacks.

Wrapping the body in linseed oil-soaked cloths, the part that is effected by the AIDS, is very helpful. For example, if you have a liver involvement, wrap the waist. If it is the lungs, wrap the chest. If it is the brain, wrap the head and neck, and so on. This is best accomplished during the night and whenever the opportunity al¬ lows. The oil can be mixed with rose water to add an esthetic touch. Cold pressed and unprocessed walnut, pumpkin and soybean oil can be used in addition to linseed oil for variety. I strongly recom¬ mend, in addition to the vitamins and minerals already suggested, that particular emphasis be placed on making sure you take the recommended doses of vitamins C, E, selenium and Beta-carotene.

EXERCISE

DAILY EXERCISE THAT IS ENJOYABLE
AND NOT TOO STRENUOUS.

Walking, dancing, swimming, playing and sex are great!
Do not overexert yourself.

DIET SUPPLEMENTS

Research has indicated that the following are wise and safe.

VITAMINS

Vitamin A	35,000 units daily
Vitamin C	2,000 mgm. 3 x a day (6,000 mgm.)
Vitamin E	800 units daily (check with company for proof of anti-oxidant activity)

B-Complex

Thiamine (B-l)	100 mg
Riboflavin (B-2)	100 mg
Niacin (B-3)	40-100 mg
Pantothenic Acid (B-5)	200 mg
Pyridoxine (B-6)	100 mg
Cyanocobalamin (B-l2)	100 mcg

Pangamic Acid (B-15)-------- 50 mg
Choline ---------- 100 mg
Inositol - - - - - - - - - - - - - - - 75 mg
Folic Acid - - - - - - - - - - - - - .8 mg
PABA - - - - - - - - - - - - - - - 50 mg

ANTI-OXIDANTS

Beta-carotene - - - 50,000-100,000 units daily
Catalase - - - - - - - - - - - - - - 100,000 units
Superoxide Dismutase - - - 100,000 units
Glutathione Complex ---------- 120 mg
Methionine ---------- 50 mg
N,N Dimethylglycine - - - - - - - 100 mg
N-Acetyl Cysteine 100 mg
L-Cysteine 100 mg
Ubiquinone 500 mcg
Lipoic Acid 200 mg

MINERALS (preferably chelated)

Magnesium 1000 mg
Manganese 50 mg
Selenium 200 mcg
Potassium 20 mg
Chromium 400 mcg
Zinc 15 mg
Iodine .2 mg
MaxEPA (fish oils) 3 caps *I* day

DIGESTIVE ENZYMES (complete)

With meals and between meals for cancer

FOODS AND FOOD SUPPLEMENTS

ALGAE, SPIRULINA

There are basically two forms of algae. One is from the sea and the other comes from freshwater lakes and brackish water. Ap¬ proximately fifteen years ago, Spirulina became popular as an

agent to losing weight, when included in a diet. In 1982 I did the world's first double-blind study on the use of Spirulina in a diet program. It proved to be effective. In the course of preparing for this study, I reviewed a large volume of literature that had been printed about spirulina. Most notable, was a World Health Organi¬zation report which outlined the composition of this algae and stated that it was the world's richest source of plant protein. Its very unusual amino acid composition is exceptional, not only amongst plants, but animal tissue also. It has been recommended by WHO as the most likely solution, as a source of protein, for the world's hungry.

Wide varieties exist and are often divided by their color, i.e. **blue algae, blue-green algae,** and **brown algae.** They uniformly are rich sources of beta-carotene, which is noted for its anti-oxidant activity, and, therefore, provides for their ability to inhibit cancer growth.

CHLORELLA

Chlorella has been investigated more than any other algae. F. Konishi, S. Matsueda, N. A. Firsova and Y. Miyazawa have all written scientific papers on the anti-tumor activity of chlorella, particularly in breast cancer and leukemia. J. Schwartz and G. Shklar utilized Spirulina and Dunaliella in their experiments on hamsters and demonstrated truly remarkable anti-cancer activity.

BUGULA

Bugula neretina, an ocean invertebrate, is a plant-like species, which grows under water. It contains bryostatins which have been shown to stimulate immunity. Leukemia in mice and in humans has been effectively inhibited by this chemical (R. Eckert, *Exp Clin Endocrinol,* 1990, N. Lilley, *Cancer Research,* 1990, and R. J. Jones, *Blood,* 1990).

GARLIC

Eat lots of fresh garlic and take supplemental capsules. It is an incredible antibiotic and anti-cancer food. Try to get the equivalent of 12,000 mgm of garlic daily (Allin – 20,000 mcg, Allicin Yield – 3,000 mcg, Sulphur – 16,000 mcg).

BEE POLLEN

It has been demonstrated that bee pollen is a complete source of nutrition for humans. One of the reasons you have not heard much about it, is because it cannot be synthesized and, therefore, does not get the usual publicity that is given to food substances, supplements and drugs that can be manufactured. Investigators have indicated that there is a special property to pollen that is collected by bees rather than pollen that is collected mechanically from plants.

N. V. Tsitsin, of Russia, in studying the life habits of individuals of the Caucasus region that lived 125 years or more, found that they ate pure bee pollen from the bee hives, as one of their food staples.

The effect on longevity was confirmed by N. P. Yoirich of the Soviet Academy. Other scientists in the former Soviet Union, Yugoslavia, and France support these findings.

If you decide to add bee pollen to your diet, make sure that you are using bee pollen or royal jelly and not flower pollen. W. Robinson reported that bee pollen contained an anti-carcinogenic substance which slowed the growth of breast tumors *(Journal of the National Cancer Institute*, 1948).

P. Hernuss of the University of Indiana, advocated the use of bee pollen during radiation therapy for cancer, as it decreased many of the severe side effects. The source of bee pollen is very important for the pollen to be fully enzymatically active. There are very few places in the world where the flowers are free of fertilizers and insecticides. It is also important that the pollen has not been processed or treated with dangerous chemicals. Excessive heating destroys many of the active ingredients.

BIOFLAVONOIDS

Bioflavonoids are a complex of substances such as hesperidin and rutin. The primary source is in the white pulp of citrus fruits and is also found in apricots, plums, grapes, blackberries, etc. In medicine it has been recognized for many decades that bioflavonoids are responsible for maintaining the integrity of small blood vessels. When an individual develops black and blue marks easily, the use of bioflavonoids quickly remedies the problem. Toxic copper is also removed from the body by bioflavonoids.

Quercetin, which is another bioflavonoid, was shown by M. Yoshida et al. to inhibit the growth of human cancer cells.

CABBAGE (INDOLES)

Since ancient times, cabbage has been eaten for its therapeutic effects. There is no question that this vegetable, along with others of the cruciferous species, i.e. Brussels sprouts, cauliflower and broccoli, contain indoles. Indoles have been shown experimentally to be effective in the prevention of breast, stomach and colon cancer. It is also protective against radiation (P. N. Albert, J. *Ethnopharmacol.* 1983; G. S. Stoewsand, 1988; and J. J. Michnovicz, *J. Natl. Cancer Inst.* 1990). Broccoli, kale, cauliflower and Brus¬ sels sprouts contain another substance, sulphoraphane, which ex¬ hibits very strong anti-cancer effects. U. Zhang, et al., and H. J. Prochaska, presented this information to the proceedings of the National Academy of Sciences (U.S.A.) 1992. Expert opinion is overwhelming toward inclusion in the family diet.

DHEA (DEHYDROEPIANDROSTERONE)

DHEA is classified as a hormone and is the second most abundant steroid produced in the body. Cholesterol is the most abundant. It is secreted by the adrenal glands and very little is known about its function. The production of DHEA declines mark¬ edly with age to a level of 5% in the very old when compared to the young.

In 1981, A. G. Schwartz in an article in Nutrition and Cancer explained in detail the complicated role DHEA played in inhibiting the development of cancer. He noted that cancer causing sub¬ stances (carcinogens) required metabolic activation by oxidative enzymes to cause cancer. DHEA inhibits this process by lowering the levels of these oxidases. The decline in DHEA production parallels a rise in the incidence of cancer, obesity and heart disease.

FATTY ACIDS FROM FISH OILS

Many studies have established that the high intake of fish oil is related to a low incidence of cancers of the breast, colon and pancreas. The Omega-3 group of fatty acids are the main com-

pounds of fish oil. Their role as a treatment in arthritis and heart disease is becoming more widely accepted. Obtainable at health food stores and pharmacies everywhere.

FATTY ACIDS FROM VEGETABLE SOURCES

There are vegetable sources of the Omega-3 fatty acids and they include the herb purslane. The importance of the role of the essential fatty acids began 150 years ago, with the work of Professor B. J. van Liebig. Many scientists have published literally thousands of papers on this subject and in 1920, the Nobel prize in Physiology and Medicine was won by Dr. Otto Meyerhof, who demonstrated the role of linoleic acid and sulphur proteins in the oxygenation of tissue. In the eleven years that followed, two more Nobel prizes were won by Albert Szent-Gyorgy and Dr. Otto Warburg in 1931. Both related to the role of fatty acids, oxygenation of tissue and the development of cancer. Butter and cream contain trace amounts of fatty acids. Linseed oil and cottage cheese, however, contain far greater amounts and are certainly a more beneficial way of securing these important food substances.

EVENING PRIMROSE OIL

Evening Primrose oil is an excellent source of gammalinolenic acid (GLA). Elsewhere in this book the roll of this fatty acid is discussed at length in relation to linseed oil, another excellent source of fatty acids. Evidence exists that GLA can normalize malignant cells and even reverse their growth. The work of David F. Horrobin *(Medical Hypotheses*, 1980) is supported by researchers, C van der Merwe, F. Fujiwara, N. Dippenaar, Y. Haiashi, M. E. Begin, S. Ikushima, W. P. Leary, J. H. Botha, J. Booyens, L. Koenig, U. N. Das, N. S. Gardener, J. R. Duncan and C. S. Cunnane. The papers produced by these various investigators show that GLA is effective against **bladder cancer, melanomas, breast, lung, prostate and nerve tissue cancers.**

FIBER

In the 1960's Denis Burkitt studied the effect of the fiber-rich diet of Africans on the very low incidence of colon cancer. In 1978,

he published a landmark article in the *American Journal of Clinical Nutrition* which indicated the important roll of fiber in the prevention of colon cancer. With the increase of commercially produced low fiber foods, the incidence of colon cancer has increased from rare to common. The advice given by physicians, who advocated dietary measures in the prevention and treatment of disease, was, for many years, looked upon as quackery. Dr. Burkitt, who was extremely famous, could not be ignored.

Fiber works through the following pathways:

1. Absorption and elimination of carcinogenic substances (S. A. Bingham, *Proc Nutr Soc.*, 1990).

2. Facilitation and elimination of excess estrogen (D. J. Pusateri, *American Journal of Clinical Nutrition*, 1990).

3. Conversion of bile acids that can damage DNA (P. Y. Cheha and H. Burnstein, *Nutr. Cancer*, 1990).

Different sources of fiber have different effects. Rice bran was found to stimulate the immune system and, in mice, was effective against carcinomas (E. Ito, 1985).

ADDITIONAL HERBS

(for Monilia, Thrush, Candida)

Berberis vulgaris – made into a tea.

Ecchinacea.

Goldenseal *(Hydrastis canadensis)* as a tea or capsules.

OTHER SUPPLEMENTS

Dimethylglycine – enhances cellular and humoral mediated immune responses. 50 mgm 3 times a day.

Caprylic Acid - useful in the treatment of Monilia infections (Candida, Thrush) – 1 gm with meals.

Lactobacillus acidophilus – effective in Candida.

Pau D'Arco Tea – for all infections.

There were several other supplements I would usually recommend; however, the FDA found out that they were effective in treating disease, so they took them off the market (amino acids and vitamins are next!). Now you will have to pay a doctor in order to get a prescription for them. The problem is that most doctors are not even aware of them, and in spite of their ignorance, their arrogance will take over and they will proclaim anything other than their dangerous drugs as useless.

Find a "holistic" or "alternative" physician! The American College of Advanced Medicine has a listing of hundreds of well-informed doctors. They include in their practices therapies that are an effective alternative to the dangerous and often ineffective techniques and drugs of the establishment. They are very knowledgeable and use many standard therapies that are truly safe and effective. Their enlightenment provides them with an armamentarium far more extensive, varied and effective than that provided by the clones of the establishment.

A VERY IMPORTANT WORD ABOUT OZONE

In the very next section, under medical therapies, I discuss ozone therapy. I make mention of it here because the FDA is currently using their gestapo tactics to remove ozone equipment from doctor's offices. This is in direct violation to the mandates of the U.S. Congress and the "grandfather" clause. Therefore, I.V. ozone can only be obtained from a few physicians whose dedication and bravery are exemplary. However, this exceptionally safe therapy can be accomplished with a little ingenuity and a little help from a friend. After you have read the next section, return and reread the paragraphs that follow.

HOME OZONE ADMINISTRATION

If you obtain a quality **ozone water purification unit (see** resources) that is capable of putting out 30-50 mcg of ozone per

milliliter (70 gm productive capacity) you can obtain an excellent therapeutic effect (see resource section at the end of this book).

PRACTICAL TECHNIQUES

Vaginal or rectal insufflation

Ozone concentration of 30-50 mcg/ml instilled by continuous flow through a bubble bottle (to moisturize the ozone) for 4-5 minutes using a soft plastic disposable urinary catheter. Next to I.V. administration this is the most efficient way of getting ozone into the body.

Whirlpool bath and shower

Ozone can be piped into a filter shower head or a portable whirlpool unit that fits over the edge of the bathtub. The oxygen content of the blood can be elevated 300% in 15 minutes.

Drinking water

Bubbling ozone into your reverse osmosis water for 10 sec¬ onds, just prior to drinking it, is one other way of boosting the body's ability to achieve optimal health.

IMPORTANT DON'TS

Don't take drugs!
Keep medications to a minimum.

The facts cited throughout this paper have given you enough rea¬ sons why! **Unless you want to get AIDS.** For example, salicylates and aspirin change hemoglobin so it does not carry oxygen.

Don't use alcohol, it's a drug!

Don't use tobacco, it's a drug!

Don't have many sex partners (to avoid VD). Use condoms to avoid unwanted pregnancies and venereal diseases. But, by all means— have sex.

Sex does not cause or transmit AIDS. However, it can transmit many diseases which, when repeatedly treated with antibiotics, can result in immune suppression. Multiple sex partners increases the odds of contracting sexually related diseases. If you do get syphilis, make sure you are treated with an appropriate antibiotic that crosses the blood-brain barrier. **Avoid benzathine penicillin,** it doesn't!

Sex with love is a great combination, and **it is Nature's finest tranquilizer ——** it beats Valium every time! Most people prefer an exclusive relationship; besides **——it's safer!** But, that's your own business.

Don't get involved in any stress that you can avoid! Seek emotional support from friends, groups, professionally and religiously. Learn relaxing techniques and find one that works for you.

DON'T HIBERNATE, GET OUT AND LIVE, LOVE AND HAVE FUN!

THERE IS NO SCIENTIFIC EVIDENCE THAT SEX TRANSMITS AIDS!

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Avoid radiation of all types as much as possible
This includes x-rays, high tension wires, microwave, any high frequency device, even portable cellular phones are suspect.

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Avoid inhaling anything other than clean air

Avoid insecticides, aromatic sprays, volatile oils, gases, cleaning fluids and any artificial additive or coloring.

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EFFECTIVE AND SAFE MEDICAL THERAPIES

BUT FIRST! REMEMBER, BEWARE OF AZT! IT CAUSES AIDS

But first! Remember, beware of AZT! It is becoming the #1 cause of AIDS

But dont't take my word for it:

Read the package insert. Then ask:

1. How long do I have if I don't take it?
2. How long do I have if I do take it?
3. What are **all** the side effects (unwanted direct effects)? **and get them in writing!**

And then if you still want to treat an innocent virus and die — take it!

These are therapies that physicians around the world report as clinically advantageous.

CHELATION THERAPY

What is chelation?

Chelation therapy is probably the most significant medical discovery of this century. The benefits derived exceed that of any other single modality and extend to almost every disease known to medicine. The word chelate (pronounced key-late) is derived from the Greek "chele" meaning "claw". Crabs and lobsters are chelates. In biochemistry, a chelating agent is one that grasps metals such as calcium, magnesium, potassium, deadly mercury and lead, and carries them out of the body without entering the body chemistry.

The chemical ethylene diamine tetra-acetic acid (EDTA) was first synthesized in Germany in the late 1930's for use in industry and reported in 1952 as a treatment for lead poisoning. It remains the treatment of choice for heavy metal poisoning throughout the world. Chelation is one of the most important natural processes in nature. It makes possible the utilization of inorganic minerals by plants and animals (that includes humans). Everyone is familiar with at least two chelating agents, chlorophyll and hemoglobin, but they were probably never identified as such when you learned about them in school.

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HOW DOES CHELATION WORK?

Chelation promotes health by correcting the underlying cause of arterial blockage. Oxygen-free radicals are increased by the presence of metallic elements in the body. They are damaging to tissue because they act as a chronic irritant to blood vessel walls and cell membranes. EDTA removes those metallic irritants, al¬ lowing leaking and damaged cell walls to heal. This markedly improves oxygen delivery to the cell and the elimination of the waste products of metabolism from the cell. The plaques lining the walls of the arteries shrink and smooth over, thus allowing more blood to circulate. The blood vessel walls regain their elasticity and respond to changes in pressure more readily. Thousands of studies bear witness to the ability of EDTA to increase blood flow signifi¬ cantly. Thus chelation is of great benefit in several ways:

1. Improves circulation, which;

2. Delivers oxygen to the cells, which;

3. Removes poisonous compounds, which;

4. Improves cell membrane transfer of nutrients and waste, which;

5. Allows for better mobilization and implementation of all defensive protective mechanisms, offensive weapons against

disease and reparative processes necessary for healing to take place.

WHAT IS CHELATION USED FOR?

The most important use of chelation has been in the treatment of atherosclerosis and arteriosclerosis. By chelating out the calcium-cholesterol plaques that occlude arterial walls, EDTA, administered intravenously, markedly improves circulation to every part of the body including the heart and the brain. We have all been exposed to metallic poison most of our lives. Mercury, lead and cadmium are the most deadly. All metals can be toxic if present in excessive amounts, or if they have been deposited where they don't belong. Compounds are formed that interfere with normal metabolism and promote the formation of destructive tissue changes. It immediately becomes apparent that chelation has to be beneficial in any disease in which improved circulation and the elimination of toxic substances aid in the body's ability to heal itself. Virtually every disease is in that category, without exception. Chelation has improved **heart disease, stroke, high blood pressure, arthritis, Parkinson's and Alzheimer's disease. Studies indicate a 50% reduction in the occurrence of cancer in individuals who have received EDTA.** Chelation has been reported to improve **asthma, emphysema, brain function, muscular coordination, multiple sclerosis and impotence, It also slows down the aging process** by preventing free radical damage and...

IMPROVES THE IMMUNE SYSTEM RESPONSE

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HAS CHELATION BEEN FULLY TESTED AND IS IT SAFE?

More than 500,000 patients have received chelation therapy in the United States alone. It has been primarily used in coronary artery disease and peripheral occlusive vascular disease. The ability of chelation to safely improve serious heart and circulatory problems has consistently been reported in the 90% range. The

safety record for its use has been exceptional. More than 30 million treatments have been administered without a single serious complication, except in rare instances when the standard rules of procedure are not followed and the patient is not properly evaluated. Not one single death has been directly caused by chelation therapy when administered by a properly trained physician. Compare that with the 5%-6% death rate from bypass surgery, which does not even extend life expectancy. Today there are over 1000 scientific papers that support the many biochemical actions of EDTA, and over two dozen clinical papers, including double-blind studies, which support the incredible medical benefits to patients in a wide variety of conditions. There have been only two papers which have criticized the use of EDTA. These papers are based on opinion or apply to techniques which have been obsolete for decades. They come from physicians who have a vested interest in catheterization and surgery.

****

IS CHELATION JUST EDTA?

In addition to EDTA, the intravenous infusions contain from five to twenty other ingredients designed to replace the good minerals which may be removed with the bad. Substantial amounts of vitamin C and other vitamins are included as well as blood thinners and other substances which safely enhance EDTA. Any intelligent therapy involves change in life-style and diet. Chelation is no exception! EDTA can be used in combination with almost any other therapy. It is always important for the physician to know everything the patient is taking. Chelation often eliminates the need or reduces the dosage of the medicines a patient may be taking.

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CAN ANYBODY TAKE CHELATION?

The only major contraindication to chelation therapy is kidney failure. Even then it may be possible to use it, if administered in reduced dosage, with careful monitoring.

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HOW DO I KNOW IF I NEED CHELATION?

If you are from this planet you probably need it! However, chelation is most likely imperative if you are short of breath, have chest pain, leg pain while walking, transient or progressive loss of vision or memory, paralysis, poor circulation, gangrene, diabetes, or any disease for that matter. For all of these symptoms or condi¬tions, and even if you have had by-pass surgery and would like to avoid one, two, or three more death-defying leaps into the operat¬ing room, **see a physician that does not chelation immediately! It is legal in many states in the U.S.** for use in cardiovascular disease and even cancer. Although chelation therapy is recognized world-wide for mercury and lead poisoning, its use in cancer and other degenerative diseases places the administering physician under great risk of harassment and loss of license.

IS CHELATION USEFUL IN CANCER?

Many clinics in Europe, Mexico and South America, use che¬lation in the treatment of cancer. Simple logic dictates that any therapy that improves the general circulation is likely to be useful in the treatment of any disease, particularly in cancer. This is not to imply that it has a direct effect on cancer cells. Walter Blumer, M.D. and Elmer M. Cranton, M.D., in the *Journal of Advancement In Medicine,* Volume 2, 1989 presented an 18-year follow-up study on 59 patients that had been treated with calcium-EDTA (chela¬tion). The study evaluated the incidence of mortality from cancer. They reported that only one of the 59 patients died of cancer during this period. This represented only 1.7%. A control group of 172 individuals from the same area was evaluated and the incidence of cancer was 17.6% (30 out of 172 persons died of cancer). This is a 90% reduction in cancer mortality for the chelation-treated group. A careful statistical analysis failed to reveal any other factors which were different between the two groups **chelation was the only difference!** I think it is safe to say that anything that prevents, is likely to help improvement.

Remember that the incidence of the cancers that occur in immune deficiencies can actually be predicted on the basis of

the type of drugs used or the exposure to other chemicals, radiation and malnutrition.

WHAT IS THE COST?

Chelation usually costs $2,000 to $6,000 for 20 to 40 treat¬ments. Every cell and every artery in the body is safely benefited, while in by-pass surgery less than one inch of an artery is removed at mortal risk. By-pass surgery is usually more than $40,000, does nothing for the rest of your body and does not extend your life. I think we are all worth the price of a used car!

CHELATION PROTOCOL

The first protocol outlined is the basic protocol recommended by The American College of Advanced Medicine.

1. **Sterile H2O, Ringer's lactate, saline, or 5% glucose solution -** 1,000 cc
2. **EDTA** (ethylene diamine tetra-acetic acid) **-** 3 gm (range of 50 mg/kg of body wt. **-** max. 5gm)
3. **Magnesium** - 3 ml of 50% MgSO4
4. **Procaine or Lidocaine (2%)** - 5 to 10 cc (max. 20 cc) **-** procaine is preferable but more allergenic)
5. **Heparin** - 1,000 to 5,000 units (not to be used if patient is already anticoagulated)
6. **Ascorbate** - 4 gm to 20 gm of Vitamin **C**
7. **Potassium** - 10 mEq to 20 mEq of KC1 (5-10 cc)
8. **Hydrochloric Acid -** 20 to 40 mg HC1 (2-5 cc)
9. **Pyridoxine -** 100 mg to 300 mg (1-3 cc)

10. **Dexpanthenol** - 250 mg to 750 mg (1-3 cc) Supplementary I.V. (given as a "piggy-back" drip during the last 20 cc of the standard infusion)

11. Ascorbate – 5 cc

12. Dexpanthenol – 1-3 cc

13. Pyrodoxine – 1 cc

14. Vitamin B12 - 1 cc

15. Niacinamide – 1 cc

16. B-complex – 2-5 cc

17. Trace Minerals – 1 cc

NOTE:

Variations of the ingredients other than EDTA are used depending upon the condition being treated and the coexisting diseases of the patient. This is why special training is required, and a physician who is a member of the American College of Advanced Medicine (open to physicians of all countries) is recommended.

Thirty intravenous infusions are strongly recommended to accomplish detoxification and improve circulatory function and cell respiration.

INTRAVENOUS VITAMIN C in very large doses – 30 to 100 gm as tolerated with multivitamins added (these are usually included in chelation):

B-complex "100" – 6 cc
cyanocobalamin – 10 mgm
folic acid – 25 mgm

pantothenic acid – 1.5 gm
pyridoxine – 1 gm
in 250 cc of sterile water.

INTRAVENOUS MINERAL DRIP containing:
calcium ethanolaminophosphate 400 mgm (Ca-EAP) IV push, then:

magnesium sulfate – 15 gms
manganese – 2 mgm
potassium – 40 mEq
selenium -1.4 mgm
chromium – 80 mcg
in 250 cc of sterile water.

OZONE (O3)

"Breath of God" (ancient Hebrew)

CANCER CELLS CANNOT SURVIVE IN AN OXYGEN RICH ENVIRONMENT!

"The prime cause of cancer is the replacement of normal oxygen respiration of body cells by an anaerobic(lacking in oxygen) cell respiration."

Dr. Otto Warburg, twice a Nobel Laureate

Note: the use of ozone therapy in the treatment of cancer or any other disease is unproven and not recognized by the FDA or the medical profession in the United States. This chapter presents information about its history and how it is being used by thousands of practitioners throughout the world. It is presented for informa¬tional purposes only.

ABOUT OZONE

The discovery and naming of ozone is attributed to Christian Friedrich Schonbein in 1840. Its value in medicine was debated for

many decades and references to its use were sporadic. Dr. Albert Wolf, a German physician wrote in 1915, "As regards the medical usability of ozone, the viewpoint of experimental science may be considered as being in direct opposition to the practical experi¬ ences gained by industry." He used ozone successfully in the treatment of decubitus ulcers. During the First World War (1915) ozone gas was used to help the healing of serious wounds. Ozone has been used to purify the drinking water of major cities since 1901. The first was Vienna and the most recent is Los Angeles. It does not give water the disagreeable taste that chlorine does. Al¬ though many authorities refer to it as poisonous and a hazard to life, like anything else on this planet, if used properly it is beneficial— in fact, life would become extinct without ozone in our atmosphere. The breathing of inappropriate concentrations is indeed harmful to the lungs, but in proper concentrations it purifies the air we breathe. Home and industrial ozonators are used to purify the air throughout the world (including the United States), and yet, comments are being made publicly by authoritative figures that ozone is poison¬ ous and a hazard to life. This is indeed true if, as in the case of any substance on this earth, it is used in unsafe amounts. Statements of this nature are unjustified and fraudulent when they are intended to misinform or alarm the public in a way that would indicate that ozone is unsafe under any circumstances.

Ozone is created by the action of ultraviolet light or a strong electrical field on oxygen atoms. The result is the forcing together of 3 atoms into unstable groups (O3) that rather quickly break down into the usual oxygen molecule (O2). Ozone is lethal to almost all viruses, bacteria, fungus and cancer cells. The scientific literature is replete with articles proving these facts.

Ozone is formed in our atmosphere naturally by the effect of lightning on oxygen. It is that wonderful sweet smell that you can detect after a summer storm. It is nature's method of cleansing our atmosphere of contamination. The poisonous ozone levels reported effecting our cities differ dramatically in that they represent the combining of the extensive, overwhelming pollution with ozone insufficient to do the job. If you wonder why cancer rates have tripled in the last 20 years, consider this startling fact:

Oxygen represented 36% of the air we breathed 200 years ago. Today it is only 19%!

In 1931, Dr. Otto Warburg was awarded the Nobel Prize in biochemistry. Dr. Warburg demonstrated that the metabolism of **a** cancer cell was like that of a plant cell, which thrives on carbon dioxide and gives off oxygen as its waste product. It actually represents the process of fermentation. We are composed of animal cells, and oxygen is essential for our assimilation of nutrients and the detoxification and elimination of waste products. When ozone is introduced into the bloodstream, it is converted into oxygen, hydroxyperoxides and other beneficial free-radical scavengers which actually seek out and destroy diseased cells.

Nearly 50 years later, the prestigious journal *Science*, Vol. 209, 22 August 1980, published a paper entitled: "Ozone Selectively Inhibits Growth of Human Cancer Cells". This paper dealt with the exposure of human lung, breast and uterine cancer tissue to ozone at concentrations of 0.3 to 0.8 parts per million, well within the non-toxic limits (OSHA standards). More than 1,000 parts per million can be tolerated safely during the average ten-minute pe¬ riod that medically-administered ozone takes; and concentrations far less than those are used. During the experience, normal human cells were not effected at these levels. The modem development of ozone application in medicine began in the 1950's in Europe, and its use gradually spread throughout Europe to Australia, Israel and Brazil.

Intra-venous ozone gas is extremely safe and effective against all infections. The earliest evidence that I could locate of its recom¬ mendation as therapy in the United States, appeared in an 1885 issue of the *Journal of the Dade County Medical Association.* In spite of this and many other references prior to 1920, the FDA has illegally raided and confiscated ozone generators from the offices of advanced (alternative) physicians.

Ozone is classified as a toxic gas if inhaled in large quantities. However, it is not toxic when injected into the body by intra¬ arterial injections, I.V., intramuscularly, subcutaneously or by vagi¬ nal or rectal insufflation. **Ozone has no side effects when administered, using these methods, in the proper quantities and concentrations.** It does not adversely effect healthy cells **of** any type under those conditions.

It is obvious why it is lethal to cancer cells. The cancer (plant) cell is being given its toxic waste product, while our normal cells are being given their essential for life. Individuals receiving ozone

for the first time are usually apprehensive. It is scary to have "air" injected into their veins. They have images of dying from an air embolus. Almost everyone seems to recollect a murder mystery in which the villain killed his victim that way in the hopes of commit¬ ting the perfect crime. It will never happen in real life because:

1. Nitrogen would have to be present in order to cause a toxic reaction; and therapeutically only pure medical grade oxy¬ gen is used.

2. It would take at least 50 cc of gas given within 2 to 3 seconds. That could only be accomplished with a very large bore 18 gauge needle. The procedure is done with a tiny 25 gauge needle. Death could only occur intentionally, never accidentally.

Specific therapeutic applications of ozone include the treat¬ ment of circulatory problems, decubitus ulcers, **some forms of cancer** (still under investigation as to how many), AIDS, viral diseases, wounds, scars, bums, gangrene, and liver disease includ¬ ing hepatitis. **Ozone is the only substance known which acts as a virucide, bactericide, fungicide, protozoacide and cancericidal.** Over 1000 medical papers exist in the world medical literature attesting to its efficacy in the treatment of disease in many tens of thousands of patients. Typically it has been ignored in America because it can't be patented. Therefore it is not profitable for the pharmaceutical industry to spend the millions of dollars necessary to prove its effectiveness by FDA standards. It would reap scorn and outrage of incredible proportions if the truth were known. The pharmaceutical industry and the FDA confuse and distort the role of ozone in our ecosystem and suppress its use therapeutically (even though, under law, it should be "grandfathered in").

In addition to the many articles on the use of ozone in medicine, there are medical texts such as *The Use of Ozone in Medicine* by Prof. Siegfried Rilling, M.D. and Renate Viebahn, Ph.D., and medical organizations in the major industrial nations of the world dedicated to the education and instruction of its use.

A World of Ozone Conference has been held frequently since the early 1970's. The most recent held in San Francisco (1993), was attended by hundreds of doctors from many countries. Russia

sent seven scientists to present papers on the applications of ozone. In no other science does it take as long as it does in medicine for discovery to be accepted. The use of deep freezing techniques took over 80 years and television over 30 years, but in medicine, where human life is at stake, it can take 150 years, and maybe never, if there is no profit to be made. Fortunately for mankind, there are still countries where investigation into non-drug, non-patentable, non-toxic and inexpensive therapies are still being carried out.

The *Proceedings of the World Ozone Conferences* have documented and published the techniques and dosages of ozone for its beneficial use in the following conditions:

Cancer (Carcinoma)	Spastic Colon	Proctitis
Osteomyelitis	Acne	Varicosities
Bladder Fistula	Wounds, Ulcers	Chronic Cystitis
Radiation bums	Phlebitises	Coli Infections
Ulcerative Colitis	Mucous Colitis	Anal Eczema
Colitis	Parkinson's	Arthritis
Chronic Hepatitis	Hemorrhoids	Arterial Thrombosis

Intrarectal insufflation is excellent for diarrhea and candidiasis (in women **intravaginal insufflation** is also effective), and it is applied in this manner when intravenous administration is impractical or unavailable.

As long as the lobbyists and influence peddlers for the pharmaceutical industry and the AMA are able to convince our representatives that anything outside of the mainstream of medicine is either useless, fraudulent or dangerous, many safe, non-toxic and effective therapies will be denied to the public. Our representatives **must** be made aware that although safety is not usually the problem; proof of efficacy by the double-blind standard is economically prohibitive. In those instances where such proof has been offered, fraudulent tactics by the opposition have resulted in blocking the use of some incredible therapies (see the chapters on amygdalin and chelation). If you want to know what benefits ozone bestows in disease, ask the doctors and patients who have used it — but, of course, that's anecdotal!

THE IMPORTANCE OF OXYGEN

Virtually every patient's room in a modem hospital is equipped for the administration of oxygen. Certainly, an emergency room cannot be without one because it is required by law. Deep breathing exercises are prescribed for patients with lung problems and for individuals recovering from surgery. The narrow use of these techniques are indeed unfortunate. They should be routine for all patients. The local gymnasiums and health spas routinely employ the proper use of deep breathing exercises. The average person takes their respiration for granted. There are large religious cults who incorporate consciousness of breathing as an important ritual of their beliefs. Indians refer to "Prana" as a wonderful substance that God has provided for a healthy life. Certainly, Prana is oxygen, or possibly even ozone. Both aptly fit their description. Obviously, deep breathing exercises carry greater importance today, because of the lowered concentration in our atmosphere, than ever before. The effect of gradual oxygen deprivation on metabolism is devas¬tating and leads to an inadequate processing of the toxic wastes that our bodies are constantly producing. One of the consequences of lowered oxygen concentration is the elevation of uric acid in the body. This one compound alone, is implicated in a wide variety of metabolic problems.

The most common disease associated with a uric acid disorder is gout and it is primarily due to an inability to process meat protein. However, the far reaching effects on almost every system of the body gives us an indication of the widespread effect that a low-grade increase can have. The formation of stones in the kid¬neys and gallbladder, the blocking of circulation and the destruc¬tion of joints by the formation of crystals are just a few of the problems that arise. There are literally hundreds of known bio¬chemical reactions in the body that utilize oxygen. There are prob¬ably many thousands more waiting to be discovered. Acute deprivation of oxygen leads to a rapid death; we are simply getting there more slowly. The importance of oxidative processes is dis¬cussed more fully elsewhere, but the relationship with the develop¬ment and progress of cancer is no longer in doubt. The use of ozone appears to go beyond the benefit of oxygen in the treatment of

disease. The production of electromagnetic energy at the molecular level, as the ozone molecule disassociates into oxygen, undoubtedly plays a role in its usefulness in therapy. I will list just a few of the proven effects of ozone.

OZONE ACTIONS

1. Ozone activates the enzymes involved in peroxide or oxygen "free radical" destruction, i.e. Glutathione, catalase, S.O.D.

2. Accelerates glycolysis (breakdown of glycogen) in RBCs resulting in:

   a. Increasing the release of O_2 from the hemoglobin in the blood to the tissues.

   b. Enhancing formation of acetyl coenzyme a which is vital in metabolic detoxification.

   c. Influencing the mitochondrial transport system which enhances the metabolism of all cells and safeguards against mutagenic changes.

   d. Increasing red blood cell pliability, blood fluidity and arterial pO_2 (oxygen content) and a decrease in Rouleaux formation (clumping) which interferes with the normal functioning of red blood cell metabolism.

3. Increases leukocytosis (production of white blood cells) and phagocytosis (the manner in which certain white blood cells destroy foreign matter). Both processes are part of the immune defense system.

4. Stimulates the reticulo - endothelial system, the rebuilding of tissue.

5. Strong germicide —— inactivates enteroviruses' coliform bacteria *Staphylococcus aureus, Aeromona hydrophilia.*

6. Disrupts the cell envelope of many pathogenic organisms which are composed of phospholipids, peptidoglycans and polysaccharides.

7. Opens the circular plasmid DNA which lessens bacterial proliferation.
8. Fungicidal, inhibits candida cell growth.
9. **Low** doses **stimulate** the immune system
10. **High** doses **inhibit** the immune system
11. Limit dose to 3000 ug.

References: The information for this chapter is culled from the hundreds of papers presented at the World Conferences on Ozone. The scarcity of information available in the major medical journals is testimony to the power of the pharmaceutical industry. With good reason, they have established a wall of silence and the dissemination of falsehoods around the use of ozone. They have an entire market of antibiotics at stake. There is no evidence that anyone has died from ozone therapy, and my conversations with practitioners in several countries, including the United States, confirms the remarkable results that I observed first-hand in my own practice.

DINITROCHLOROBENZENE (DNCB)

This photochemical has been used for HIV disease for 8 years. R. B. Stricker and B. F. Elswood reported on the successful use of DNCB in the *Journal of The American Academy of Dermatology,* 1993, 28:796-7. Weekly topical application (costing approximately $1.00 per month) appears significantly effective in modulating the immune system, increase in CD8 T-cells, antiviral and anticancer activity. It is notably lacking in side effects, cannot be patented and therefore testing on a large scale is unlikely. It is available from:

DNCB Hotline (415) 954-8896

DNCB Treatment Issues
2261 Market Street #449
San Francisco, CA 94114

Healing Alternatives Foundation
1748 Market Street
San Francisco, CA 94102
(415) 626-4053 or 2316

ENDERLEIN FORMULAS Very effective —— very safe.

These remarkable formulas of biological and homeopathic prepa¬rations are used in Europe and are the product of the work of one of the truly great unrecognized medical geniuses of this century. It is a therapy based on the "theory" of the pleomorphism of bacteria. This position is held by thousands of our best scientists, and thousands of papers have been written about it. They have been systematically ignored because they shake the foundations of the current allopathic approach of modern medicine and would render the stranglehold of the pharmaceutical industry impotent. I suggest you contact: Sanum-Kehlbeck GmbH and Co KG D-2812 Hoya, West Germany.

ANTIBIOTICS, ANTIFUNGALS AND ANTIPARASITICS in the already immunocompromised individual, may be necessary to combat those diseases already present, but should be used judi¬ciously. Try ozone or Enderlein formulas first!

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IMMUNO-STIMULATING HERBS are being used by comple¬mentary physicians to good advantage. A physician or herbalist knowledgeable in this area should be consulted.

HERBS

Note: The use of herbs is not recognized by the FDA or the medical establishment. Many herbs are used by herbalists, naturopaths, and other practitioners in many states. However, they are generally not allowed to make any claims in reference to their use. The informa¬tion provided in this chapter is for the enlightenment of the reader and is **not to be considered as advice or recommendations of a medical nature.** It is my personal medical opinion!

The use of herbs and herbal mixtures date back thousands of years. Their use is well documented in the hundreds of books published in the last century alone. If a medical claim is made for them by a company, the FDA usually steps in and confiscates the product. The First Amendment (free speech) allows a book or a

periodical to write about their use, but a company cannot provide the same information on the label or in literature in any way associated with the company. This also applies to vitamins, miner¬als and other supplements. As I write, most herbs are still available in many herbal shops and health food stores.

Physicians of medicine, with a few exceptions, know nothing of the use of herbs in the prevention and treatment of disease. Many aren't even aware that digitalis is an herb. Its use in modern medicine exists only because of the curiosity and diligence of a young physician centuries ago. Pharmaceutical companies pro¬duced it and then extracted its "active" ingredients in order to obtain a patent. The reason given, of course, is that they wanted to provide a more potent product and one in which the dosage could be more accurately controlled. This is true only in part. The power and toxicity of digitoxin, digoxin, etc., are well known to every physician. Past physicians, dead or no longer in practice, felt more comfortable in the safety of the original digitalis leaf. Younger physicians coming into practice in the 50's had no means for comparison, and were being taught pharmacology with emphasis on the newer preparations in medical school. In practice, the influ¬ence of pharmaceutical detail persons (salespersons) from most companies have a significant impact on the busy physician who often foolishly believes that they are truly knowledgeable enough to provide a quick educational summary on the product. This is rarely true. These representatives are frequently misinformed by their companies and instructed to stress the "good" points and leave out the bad.

The record of pharmaceutical companies on drug recalls and claim revisions is witness to the dishonesty of the industry and to the flaws and ill-placed dependency on what is obviously and incorrectly referred to as the "scientific" method of proof. A basic error in the current scientific approach to therapeutics is the belief that the individual parts of biological phenomenon can explain the whole phenomena itself. This might indeed be true if we actually: had **all** the parts; understood their **inter-relationship** completely, comprehended the **synergism** involved in the complex inter-reac¬tions and their ultimate effects on the whole; and realized fully the changes occurring constantly because of the effects of time, inten¬sity, thought, emotions and the infinite kinds of variations in the internal and external environment of that whole. Put simply, sci-

ence today arrogantly and ignorantly formulates an indelible, im¬ movable position which it calls scientific fact and proof, and then is forced to explain failure on the basis of "side-effects, "compli¬ cations" or the "patient failed to respond".

An incredible example of this tragic folly is the unfolding of the current AIDS scam. In this instance, the AIDS hypothesis has named an innocuous virus, that is present everywhere and has been around for centuries (we have become aware of its presence be¬ cause of new instruments and techniques), the AIDS virus without a single shred of scientific evidence that it causes AIDS or trans¬ mits any of the diseases attributed to it. The causes of AIDS, as it is now called, have been known for at least sixty years.

So, while modern drugs, which have contributed little good and much harm to patients, are widely used and touted as "wonders", herbs, which have stood the test of time, are largely ignored. It is not my intention to write another book on herbs. This chapter will deal only with herbal formulas that are currently considered useful in cancer and immune deficiency diseases. Keep in mind, if you decide to investigate herbs further for this purpose, that herbs which "detoxify" or boost the body's defenses are the ones most likely to be applicable.

There is a concern that imported herbs are exposed to irradia¬ tion and gassing by government agencies of some countries which can alter their properties and even render them potentially harmful. The effects of irradiation or gassing on any food has not been fully investigated and is being challenged by professionals and citizen groups. I have been told that the most reliable sources are local reputable growers. I have chosen to mention herb formulas that have interesting, but sometimes sparsely documented, histories of use. The information has been gathered from books and individu¬ als, some of whom market the products, and from people who are using them. Because most patients I have talked to have been on therapeutic programs of one form or another, it is impossible to be able to attribute their successes to a specific remedy. I have heard many stories from apparently sincere individuals, who "know people" who have taken one treatment or another, and whose cancers have disappeared and were confirmed by medical exami¬ nation and tests. It is in this framework that I am presenting a few of the most popular herbal preparations.

Herbs, which are simply plants, have been used throughout recorded history and evidence exists, long before that, for the treatment of disease. Herbal medicine has been practised in every major world civilization. Approximately half of all modern pharmaceuticals are derived from herbs. Animals naturally seek out certain herbs in the self-treatment of disease. This would indicate that man learned from animals and places the beginnings of herbal medicine to a time many millions of years ago. Simple observation of primitive, inexpensive herbal treatments, as compared to the expensive and toxic pharmaceutical derivations, reveals that we would be far better off to go back in time and avoid the disaster of the modem pharmaceutical industry. It is a classic example of "paying through the nose" in order to get "shafted".

ALOE

The aloe plant has become the source of an incredible number of commercial preparations in the form of creams, lotions, gels and shampoos. The juice of the aloe is being used for cleansing of the colon and intestinal problems.

Toxicity and side effects are relatively rare and not usually severe. Almost every conceivable benefit has been claimed for aloe over the centuries.

Because it is a plant, chemical analysis has revealed a host of substances, one of which has been shown in mice to have anti-leukemic activity (S. N. Kupchan, 1976).

Its anti-cancer activity has been shown to indicate its action is through stimulation of scavenging white blood cells of the immune system (L. Ralamboranto, *Archives of the Pasteur Institute,* 1982).

The many studies done by Russian scientists, have done more to establish a respectable place in modern medicine than any other group of investigators. N.V. Gribel and V. G. Pashinskii, in *Vopr Onkol.* 1986, showed that aloe juice reduced tumor mass and the frequency of metastases in rats.

R. Berkow in the Merck Manual, wrote of aloe's ability to protect individuals with weakened immune systems against infection.

S. Solar, publishing in the Archives of the Pasteur Institute in 1980, showed that aloe could prevent infection in mice, if used several days before exposure.

J. Y. Brossat and his group, in the same journal the following year, demonstrated that aloe was effective in preventing serious infections from bacteria, parasites and even fungus. These studies give great credence to those individuals who drink aloe on a daily basis, as a protective against disease.

Y. Sato wrote of aloe's protective effect on the skin against X-rays and K. Saki demonstrated its protection of the liver, particularly against alcohol. All of this evidence makes aloe a logical choice in health maintenance and, in particular, a cancer preventative because of its obvious protection and benefits to the immune system.

ASTRAGALUS

Astragalus was known in the Wild, Wild West of America, as the "locoweed". There is no question that astragalus is an extraordinary booster of the immune system and is so recognized by science. In spite of this, if you ask your doctor about it, he would probably think you were talking about asparagus.

D. T. Chu in the *Journal of Clinical Laboratory Immunology*, 1988, demonstrated its use in cancer; and in 1986, J. Jaing showed that astragalus protected the liver of animals against the toxic effects of the common cleaning fluid, carbon tetrachloride. It has also been used to protect the liver in patients receiving chemotherapy (Z. L. Zhang, *Journal of Ethnopharmacology*, 1990).

Naturally, as one might expect, chemicals derived from this inexpensive weed, have been tested successfully in preventing the spread of metastases, of melanoma to the lungs in mice. M. J. Humphries reported the effect of this chemical "swainsonine" in *Cancer Research* in 1988 and J. W. Dennis confirmed its action in *Cancer Research* in 1990.

S.A. Newton, et al., reported on the protective effects of swainsonine on the bone marrow during chemotherapy. My suggestion is to get "locoweed" and use it until scientists prove that they can do a safer and better job than nature. That means, you will see it when "hell freezes over".

MISTLETOE

A commercial preparation of fermented mistletoe, known as **Iscador,** is widely marketed in Europe and its use has extended to some degree throughout the world. Most research has been conducted in Germany. Mistletoe is a folk remedy that has been advocated since the 1920's, as a therapy for cancer. It has been rejected by the American Cancer Society—of course!

It is believed that a lectin labelled ML-1, which is a plant protein, **stimulates the immune system by** increasing white blood cells, particularly the macrophages and natural killer cells. It also increases thymus activity, thus resulting in an increased immune response (T. Hojto, et al., *Cancer Research,* 1989; and R. Rentea, *Lab Investigations,* 1981).

Iscador has been found effective against lymphoma in mice and in a large study involving more than 160 patients with **advanced lung cancer.** These studies not only showed that Iscador stimulated the immune system, it directly destroyed cancer cells and prolonged survival time (G. Salzer, *Oncology,* 1986).

Ovarian cancer responded three times better to Iscador than to standard chemotherapy involving Cytobal (W. Hassauer, et al., *Onkologie,* 1979). No wonder the American Cancer Society condemned it!

Other studies indicate that Iscador is not effective in kidney cancer and carcinosarcoma. It is important to note that viscumalbum, the European mistletoe, and *Phoradendromflavescens,* the American mistletoe, are both potentially poisonous; therefore, commercially prepared compounds are strongly advised over home made concoctions.

GLANDULAR AND NERVE TONIC: Improves ability to detoxify. It is used as a general tonic and acts as a pain reliever, anti-spasmodic, anti-inflammatory and wound healer with antibiotic properties.

Formula:

Blue Vervain *(Verbena hastata)*
Cayenne *(Capsicum annuum)*

Chamomile Flowers *(Matricaria chamomilla)*
Dandelion Root *(Taraxacum officinale)*
Gentian Root *(Gentiana lutea)*
Goldenseal Root *(Hydrastis canadensis)*
Kelp *(Laminaria, Macrocystis, Ascophyllum)*
Saw Palmetto Berries *(Serenoa repens-sabat)*
Skullcap, *(Scutellaria lateriflora)*
Wood Betony *(Stachys officinalis, Pedicularis canadensis)*
Yellow Dock Root *(Rumex crispus)*

Preparation: 450 mg. blend per capsule

Dosage: 2-3 capsules per day (take with meals)

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CANCER, TOXICITY AND POISONING: Heavy metal poi¬soning. Contamination of water, air and food. Radiation of all types. In view of the fact that these are carcinogenic, it is recom¬mended for individuals with cancer and for those who have had chemotherapy or radiation.

Formula:

Alfalfa *(Medicago sativa)*
Algin (algae and seaweeds)
Apple Pectin
Kelp *(Laminaria, Macrocystis, Ascophyllum)*

Preparation: 450 mg. blend per capsule

Dosage: 4 capsules per day (taken with meals)

Contraindications: May deplete trace elements, therefore replace — particularly zinc and manganese. If diarrhea occurs, reduce dosage and take ‘/2 teaspoon of cornstarch with 2 slippery elm capsules.

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RECOVERY FORMULA: Useful after serious illness or surgery.

Buckthorn Bark *(Rhamnus frangula)*
Burdock Root *(Arctium lappa)*
Cascara Sagrada Bark *(Rhamnus purshinana)*
Chaparral *(Larrea divaricata)*
Kelp *(Laminaria, Macrocystis, Ascophyllum)*
Licorice Root *(Glycyrrhiza glabra)*
Oregon Grape Root *(Mahonia aquifolium)*
Prickly Ash Bark *(Zanthoxylum americanum)*
Red Clover *(Trifolium pratense)*
Sarsaparilla Root *(Smilax officinalis, Smilax aristolochi aceafolia)*
Stillingia *(Stillingia sylvatica)*

Preparation: 350 mg. blend per capsule

Dosage: 8-10 capsules per day in two to three doses.
Drink plenty of water!

Contraindications: Do not take with prescription drugs, particu¬ larly chemotherapy, cortisone or sulfa drugs. If unavoidable, sepa¬ rate by three hours.

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AYURVEDIC HERBAL MEDICINE

One of my favorite medical writers is Deepak Chopra, M.D. He has written wonderful, popular books on the combining of Indian medical traditions and modem Western science. Majid Ali, M.D., is also to be noted. Various letters and articles appeared in the *Journal of the American Medical Association (JAMA)* in 1991, which were obviously printed because of the impressive content. When the editors finally woke up to its great popularity and pos¬ sible impact on their monopoly of allopathic medicine, they tried to detract from the historical intelligence of these writings by attacking it as a "marketing scheme", and even denounced it as a hoax. So much for the integrity and purpose of American medicine's "banner journal".

Ayurvedic medicine has many principles and techniques in common with Chinese medicine and with almost all schools of natural thought and practice. The articles in *JAMA* involved a discussion of two herbal compounds, M4 and M5 which were found to effectively reduce the incidence of **breast cancer** that was chemically induced in laboratory animals. These compounds were also effective in treating **breast cancer.** Studies done on lung cancer, metastases with M4, were also successful; and a common brain tumor, **neuroblastoma,** was normalized by M5. These herbal compounds contained antioxidants which explains their anti-carci¬ nogenic activity.

CHAPARRAL

This common shrub of the American South West, is usually prepared in the form of a tea. As expected, the pharmaceutical industry is again trying to out-do nature, by exploring the anti¬ cancer properties of what they refer to, as the active ingredient, nordihydroguaiaretic acid (NDGA).

Chaparral is commonly referred to as the creosote bush. NDGA was shown by S. Birkenfeld to reduce the occurrence of **colon cancer** in rats, that were fed a chemical that induced that cancer.

D. K. Shalini demonstrated NDGA's ability to protect genes **against carcinogens** and published this experiment in *Molecular Cell Biochemistry,* 1990.

The **breast cancer** preventive effect of NDGA was demon¬ strated by D. L. McCormick and A. M. Spicer *(Cancer Lett.* 1987).

Leukemia cell cultures were inhibited by NDGA (A. M. Miller, *Journal of Laboratory Clinical Medicine,* 1989) and human **brain cancer** cell growth were likewise inhibited by NDGA (D. E. Wil¬ son, *Journal of Neurosurgery,* 1989).

Cancer cell inhibition was intensively explored in the doctoral thesis of J. Zemora (Auburn University, 1984).

Regression of **the** deadly **melanoma** and treatment **of choriocarcinoma** and **lymphosarcoma** have been sited by **C. R.** Smart in *Cancer Chemotherapy Reports,* 1969, and *American Can¬ cer Society,* 1971.

D. Vanden Berghe demonstrated the anti-cancer and anti-viral activity of other chaparral extracts, and P. Train wrote of its use as an anti-bacterial.

Naturally, NDGA is toxic to the kidney and can be deadly when combined with some biologicals (D. R. Shasky, *Journal of the American Academy of Dermatology,* 1986; and J. D. Gardner, *Kidney International,* 1987).

Because of a rare case in which signs of liver damage showed up after several months of taking chaparral leaf, M. Katz, in the *Journal of Clinical Gastroenterology,* 1990, warned that "the pub¬ lic and the medical profession must be wary of all 'harmless' non¬ prescription medications, whether purchased in pharmacies or elsewhere". M. Katz, of course, did not site all the horrendous problems with the synthetic NDGA, of which, I am sure, he ap¬ proves.

ECHINACEA

The most popularized herb recommended for infections and for weakened immune systems. It is easily tolerated and can be taken on a maintenance program for acquired immune deficiencies.

CHINESE HERBAL MEDICINE

Chinese medicine is based upon intensive and patient observa¬ tion that has been carried out through more than 4,000 years. From these observations, came philosophical concepts that have stood the test of time and are constantly verified by modern scientific discovery. The Western physician, unaware of the depth of mean¬ ing in the Chinese traditional philosophy, looks with disdain at their therapies and perceives them as primitive. The World Health Organization has called for a re-examination of ancient medical traditions and their assimilation into the health systems of each country. This has occurred mostly in Asian countries and in Mexico and Africa.

The Chinese traditional physicians use a root called Actinidia. Its use in inhibiting liver cancer growth and other tumors, was discussed in *Planta Med.,* 1989, by G. Franz.

Chemotherapy has been combined with *Rabdosia rubescens* and has proven to be excellent (R. L. Wang, 1986).

DNA synthesis is inhibited by Baohuside-1, a natural plant extract, and was, therefore, tested against various cancers by S. Y. Li, *Cancer Lett.*, 1990.

The Chinese have investigated synthetic compounds, similar to extractsfrom the dried body of the Chinese Blister Beetle (Mylabris). These compounds were demonstrated to be effective against liver cancer (G. S. Wang, *Journal of Ethno-pharmacology,* 1989). The Chinese have been noted for their traditional teas that are used as tonics.

Golden Book Tea and **Six Flavor Tea** have proved useful in conjunction with chemotherapy and radiation against lung cancer (X. Y. Liu and N. Q. Ang, 1990).

Y. B. Ji tested the use of Bu Zhong Qi Wan, a pill used to stimulate body energy, along with cyclophosphamide, a chemo¬ therapeutic agent, and found that it decreased toxicity and en¬ hanced its anti-cancer activity.

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HERBAL FORMULAS

Herbal mixtures have been formulated to assist the body in situations of stress caused by disease. The following formulas can be used as indicated.

ANTI-ANXIETY (calming effect) **Formula:** When confronted by a serious illness such as cancer, it is completely normal to experience the following emotions; anxiety, fear, despondency and isolation.

Formula:

Black Cohosh Root Passion Flower
Ginger Root
Hops (Oil – humulene, myrcene, B-carophyllene, famescene)
Skullcap
Wood Betony
Valerian Root

Preparation: 400 mg. blend per capsule

Dosage: 1-3 capsules, two to four times daily

Contraindications: Usually not taken with prescription medica¬ tion unless separated by 3 to 4 hours. If sensitive to estrogen, take with caution.

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SHARK CARTILAGE AND APRICOT KERNELS (1 per 10 pounds of body weight daily), is indicated where cancers **(Kaposi's sarcoma,** leukemia, lymphoma, etc.) are involved. Shark cartilage is best taken rectally.

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HOMEOPATHIC REMEDIES are often remarkable in their effect and are non-toxic. A professional in homeopathy should be consulted, (see **Enderlien Formulas)**

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THYMUS PREPARATIONS (Thymex and TFZ-Thymomodulin) are potent immunomodulators. They appear to normalize the im¬ mune response. Many physicians throughout the world have re¬ ported a significant response in restoring the T-cell population (T4 and T8) balance. Improvement in neurological function has been noted in many neurological disorders, including conditions not associated with AIDS. **Procaine and procaine combined with polyvinylpyrrolidone** (Cell-o-gen) is being used to enhance the response.

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ELECTROMAGNETIC THERAPY, often used along with acu¬ puncture theory, has increased the overall effect of these therapies. Stimulating the immune enhancing acupuncture points and placing the patient in an electromagnetic field has not only facilitated bone healing (a therapy now approved by the FDA), but has been found efficacious in the treatment of many diseases.

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PSYCHO-NEURO-IMMUNOLOGICAL THERAPY is rapidly gaining acceptance as an essential part of therapy in all disease. Meditation, neurolinguistics, hypnosis and various individual and

group therapies are strongly recommended. The BODY, MIND AND SPIRIT approach is a "complete effort" and nothing less is satisfactory. Majid Ali's program is excellent.

Note: The above therapies are safe and supported by considerable "anecdotal" evidence (experience). They will not be accepted by establishment medicine until expensive double-blind studies are performed. This is the law, in spite of the fact, that the OTA. (The Office of Technological Assessment) stated in 1978 that more than 80% of the procedures and therapies currently used by the estab¬ lishment, have never been double-blinded! The use of any therapy that is destructive to the immune system is illogical and criminal even if the law allows it!

If you expect that any physician is going to cure you, it will be your biggest mistake. The physician can just help. Only **you** can do the "curing" by taking **all** of the measures listed above. Half measures will not work. Give your body the chance to do its natural job and do nothing to hinder it. Any antiviral therapy that is immune-suppressive and aimed at treating HIV is unnecessary, dangerous, unethical and bad medicine— you are already immune to HIV!

WHAT ELSE CAN YOU DO?

The future benefits to humanity that can be derived from this horrendous experience, if the powerful forces of government do not obstruct justice, orchestrate acover-upor perpetuate the "big lie", can be greater and more rewarding than any single epic in the history of humankind. The profits gained can reach far beyond the realm of science and serve all human endeavor. Freedom of thought and expression without suppression by any authority must be pro¬ tected. We must always be suspect and seriously question those who proclaim special powers, knowledge and cures, while discred¬ iting and silencing without proof all opposition with baseless accu¬ sation and prejudice. Establishment medicine has promised cures for seven decades; and in spite of 95% failures and an admission of defeat, it continues its false promises and claims of superiority over all other healing arts and therapies. Because of its arrogance and ignorance, it has followed a path that defied the rules of nature and, except for crises situations, it offers temporary relief at great

sacrifice to the maintenance of health. In AIDS, because of the same arrogance and ignorance, it has become an accomplice to murder.

Of my colleagues, I ask that we become thinkers once again, with open minds and an eagerness to learn from our rich inheritance. We have abandoned the path that leads to a balance with nature in favor of artificiality and harmful remedies. Let us earn and recapture the admiration of the world. Let us regain the self-respect and pride which, by virtue of the humanitarian goals that motivate most of us, we can truly deserve. This will only be possible if we raise our voices in indignation and horror at this atrocious fraud that has been perpetrated against all science and humanity.

Five minutes of your time, which is all it takes to write a note to your senators and representatives in congress, will save millions of lives. Many millions more will be freed from a life of anxiety. Billions of your tax dollars will no longer be wasted. They can be used constructively to relieve suffering and truthfully educate the public in the prevention and treatment of the real —

Acquired Immunedeficiency Diseases.

(Please see sample letters at the end of this book)

Chapter 9

Important Addendum

THE CORRUPTION GETS WORSE — BUT THERE IS HOPE ON THE HORIZON

The degree to which corruption is being perpetrated and the types of individuals it attracts, boggles the imagination. The level of incompetence and fraud rises at an astounding pace. Like they say, "You ain't heard nothin' yet!" Better still, in scientific circles they say, "What some scientists won't do for a grant!" And as you now know, one doesn't get a grant unless you agree with the AIDS hypothesis. The next expose illustrates this point very well. It comes in a close second to Gallo's original papers.

A medical article was published in *Nature,* vol. 362, March 11, 1993. The article was entitled, "Does Drug Use Cause AIDS?" by M. S. Ascher, H. W. Sheppart, et al. In this article, Asher, et al., directly attack Peter Duesberg's contention that the use of drugs alone or in association with malnutrition, and the treatments that are usually given are sufficient and, in fact, necessary to cause the diseases of AIDS to occur. They, (Ascher, et al.) "decided to assess this hypothesis". In a graph illustration included in their article, they included a line which indicated "HIV-positive, no drug use" individuals. That line showed a serious decline in CD4 (T-cell) count. This indicated that being HIV-positive alone, and not drug use, was all that was necessary for AIDS to occur. There is only one problem, and I am sure that Ascher, et al., do not consider this important, but, there were no individuals included in the study that were in that category at all! It was pure fabrication.

Peter Duesberg challenged this article in a letter to *Nature*, which Dr. Maxine Clarke, the Executive Editor refused to print. Duesberg stated that the study by Ascher, et al., was "worthless for a scientific appraisal of the drug-AIDS hypothesis". Duesberg pointed out the serious deficiencies in the article including the "fabrication" of results.

Can you believe that scientists would fail to even mention or report whether or not AZT had been taken by the participants in a study such as this? But, of course, as we all know, if the rewards are so great, we see what we wish to see. What about the effect of AZT on those individuals who have been treated just because they were HIV-positive? Perhaps Dr. Ascher, you might ask one of your co-authors, Winklestein, about the damaging effects from the ex¬tensive use of AZT in the very same area in which you did your study —he reported it! And Dr. Winklestein, how could you allow it?

Oh yes, Dr. Ascher, I am sure that you are aware that AZT is toxic to the bone marrow where T-cells are formed. Are you hiding murder? Do you really wish to be an accomplice by non-disclosure of the truth? Or, is it possible that you are just not sufficiently competent for the job?

Worse, is it conceivable that you would perform the study without HIV-positive drug free controls? After all, isn't that the main argument of your group, that being HIV-positive will cause AIDS without drugs? Well, Dr. Ascher, where are these HIV¬positive drug free AIDS victims? Before you answer that, remem¬ber that AZT is also a drug!

Ascher doesn't mind insisting that drugs have nothing to do with AIDS in spite of the fact that his own data shows that 72.9% of the HIV-positive group were heavy drug users and 50.9% were light drug users. Duesberg points out that since most of the sexual contacts of this sub-group of homosexuals are drug related, the government statistics indicate a very significant set of facts. If it takes approximately 1,000 of these sexual contacts to transmit the virus, then these individuals are, therefore, likely to have consumed 1,000 doses of drugs. Hardly an insignificant amount. Even a non¬scientist would conclude that drug toxicity, which has long been recognized as a cause of immune deficiency (> 60 years), is the more likely cause of AIDS.

Ascher's study only considered the drug consumption for a 24-month period, prior to entry into the study, but not during the 96-month follow-up. This is highly irregular and certainly unreliable as an indication of the behavior that followed. It would appear that either Ascher was determined to avoid a good epidemiological study for fear that it might not confirm a predetermined desired outcome. This, unfortunately, is typical of the AIDS scientific literature. The lack of information about the total drug intake also raises serious questions as to the time period involved in the study. Everyone knows that if you do a study on the effects of smoking on the incidence of lung cancer or of alcohol on the incidence of cirrhosis of the liver, a 24-month tabulation of use would fall far short of the incidence of these diseases. The dosage and the length of time it is used is crucial in obtaining an accurate determination of possible cause and effect.

Is it possible that dedicated, learned and independent scientists could submit such fraudulent trash as this? What possibly could be the motive for damning a colleague and his important challenge to more than 40 indefensible hypotheses? Could it be the untold fortunes in royalties and the plethora of grant monies available to scientists willing to compromise ethics and morals? Dr. Peter Duesberg has recently produced a brilliant 75-page document en¬ titled, "AIDS ACQUIRED BY DRUG CONSUMPTION AND OTHER NON-CONTAGIOUS RISK FACTORS". This paper, which was printed in *Pharmacology Therapeutics,* Vol. 55 (1992), contains over 700 references and is worth distributing to all your friends. This courageous and dedicated scientist has placed truth before his career and all personal gain. I strongly urge that you order a copy of this reprint along with his reply to Ascher, et al. It is available by sending $15.00 to "RETHINKING AIDS", 2040 Polk Street, Suite 321, San Francisco, CA 94109. An extra $20.00 will bring you a year's subscription to their monthly publication. Their Editorial Board reads like a Who's Who in Science and Research. They need your support; and their success is vital in achieving informed freedom of choice in medicine and destroying the oppressive, dishonest and ill-informed bureaucracy that is en¬ dangering the health and welfare of the world.

Arrogance, ignorance and greed are not new! In case you believe that serious blunders are rare in orthodox medicine, and

that they should have the right to prevent all other healing arts from practising or expressing their views, let me list just of few of them. These are not necessarily examples of fraud, they represent the fruits of arrogance, ignorance and greed:

Thalidomide, which caused birth deformities, and an ever growing number of drugs including AZT, which are responsible for an uncountable number of diseases and deaths; Mercurial and arsenical compounds —— which often caused what they were supposed to cure; Legionnaire's Disease —— caused by a toxin and is not contagious; Alzheimer's and a host of other conditions, thought to be caused by viruses, but now recognized as the result of environmental toxins. The War on Cancer— the 20 billion dollar, 20-year search for a cancer virus that yielded nothing.

Now we are being told that HIV can cause over thirty diseases; may cause no disease at all; can be gotten from someone without the disease; will kill you because you are immune to it; can annihilate humanity; take from one year to a lifetime to cause disease after infection; needs a "co-factor" to cause a specific disease (such as a carcinogenic to cause cancer); can be transmitted by 1 to 2,000 sexual acts; and can kill even when it is nowhere to be found. **Aren't we supposed to stop believing in fairy tales at the age of ten?**

THE TRUTH WILL COME OUT

A growing number of AIDS cases are being reported in which:

I. The presence of HIV, or even the antibodies to HIV, has not been demonstrated.

II. Individuals, particularly children, have no known "risk factors", i.e., drug use, injections, transfusions, bom of parents with AIDS, sexually active or promiscuous or "gay".

HI. 5% of the population of the U.S.A., or approximately 12,500,000 Americans are purported to be HIV-positive and yet, **the number of AIDS cases is proportionately dropping.**

IV. All estimates, by the major health organizations of the world, indicate that the overwhelmingly majority of HIV-infected people are not developing AIDS.

V. There are the extremely important and crucial studies analyzing and correlating the number of individuals who died from the AIDS diseases in the many decades prior to this "new epidemic" **— there is no epidemic!**

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NATIONAL CANCER INSTITUTE TREACHERY!

As an interesting addition to the ongoing expose of the great AIDS-AZT fraud, documents of the National Cancer Institute in 1991 revealed that **Maitake mushrooms** were as effective in inhibiting the growth of the so-called HIV virus, as well as the toxic killer drug, AZT. Incredibly, the National Cancer Institute converted the natural Maitaki extract into a sulphate and thus rendered it toxic. AZTcontinues to make billions for the Burroughs-Wellcome Company, while committing mass murder. Other mushroom products have been obstructed by the FDA in spite of the fact that they have proved effective against cancer in other parts of the world. PSK, widely used throughout the world, has been blocked by the FDA. (Ralph W. Moss, Ph.D., *Cancer Therapy,* page 248, Equinox Press, 1992. Dr. Moss is a noted author, a Pulitzer Prize Nominee and author of the award-winning Public Television (PBS) documentary, *The Cancer War)*

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Summary of a two page spread which appeared in the *Sunday Times* in the United Kingdom on 3 October 1993, entitled:

"THE PLAGUE THAT NEVER WAS"
by Neville Hodgekinson

In 1989 Philippe and Evelyne Krynen traveled to Tanzania on mission dedicated to helping third world orphans. They joined

Partage, a French charity organization, and focused on their efforts in the area considered the epicentre of the AIDS epidemic. They soon headed the organization in Tanzania which now employs 230 full-time workers and many field workers. Their reports soon provoked the interest of the entire world in the AIDS catastrophe in Africa. Their information was carried by newspapers and maga¬ zines. They had been given the standard "textbook" information about AIDS and believed it was sexually transmitted, spreading rapidly, took one to two years to develop after exposure and the transmission from mother to child was 50%. Now four years later, after intensive work, investigative research and testing, their hands-on experience has revealed a totally different story. In Kagera, the area in which they concentrated, "people were indeed dying alot, because of poverty and an upsurge in malaria." They decided to test everyone for AIDS and at least attempt to save the purported 50% who were not infected. Instead of finding a 50% incidence of HIV-positives, only 13.7% showed up positive, and some of those were falsely positive because of parasites and other infections. They also discovered that repeated tests turned up negative and that there was no relationship between HIV-positivity and risk of illness. "If simply fed and treated for the real illness they had, they recovered. In all the children we have lost there was a very well designated reason, an illness we could not cope with because we hadn't the means to do it: heart failure, TB treated too late, cerebral malaria, acute hepatitis —probably caused by a drug taken for the wrong reasons. You have no right to call any of these deaths AIDS. I can't tell you of a single child I have followed who has died of a so-called AIDS-related illness." The occurrence of HIV-positives "could be because being more in contact with doctors and hospi¬ tals, and taking more drugs, or just giving birth, causes you to accumulate reactivity to the test. It may not have anything to do with the virus."

The World Health Organization claims that at least 8 million Africans are infected. However, in the first 10 years of the "epi¬ demic" only 200,000 have died in all of Africa, and that figure has been disputed. Medical workers in Africa state that the figures are exaggerated. The head of pathology and microbiology at the uni¬ versity teaching hospital at Lusaka, Dr. Nkandu Luo, insists that the disease has been over-reported. The Krynens stated, because

funds are available for orphans of AIDS victims, most children who have been left with their grandparents while the parents are elsewhere trying to earn a living, are presented as orphans. In addition, when a parent has died of accidents or other causes, the families will say it was AIDS, again, because funds will then be provided. "It has always been like this here; they may need help, but it has nothing to do with AIDS. It has become a racket, both AIDS workers and false "victims" are making a handsome profit.

Krynen points out that the "epidemic" started in drug dealers and "...whatever killed them was not sexually transmitted, because (it has) not killed their partners. "We have fewer casualties, proportionately, in those who test positive than in those who test negative." The literature they now hand out states, "It is not known whether HIV causes AIDS. It is time to return to science and abandon magic thinking."

Thousands have not even been tested for AIDS and research articles are continuing to show that thousands of documented cases of AIDS are completely negative for the virus or its antibodies. The *London Times* reports that Dr. Timothy Stamps, Minister of Health and Child Welfare in Zimbabwe, states, "The HIV industry, which is multi-million-dollar nationwide, is now in my view one of the biggest threats to health." The Krynens are fighting against telling the people that they are going to die and have noted that many individuals are getting better when they have been told there is no link between the virus and AIDS. "It is good to know that this epidemic which was going to wipe out Africa is just a big bubble of soap...It is terrible to consider you have done so many things you thought worthwhile, when in fact you were misled. It is difficult to adjust afterwards...As time passes it gets bigger and bigger...We came here to help orphans of AIDS. Now we are facing a situation where there are no orphans and no AIDS."

"My medical studies led me to believe that AIDS was devastating and the people who showed me the situation here reinforced this belief. I...made others believe it. And now I know it was not true. Nothing was true."

AXIOMS THAT A LIFETIME OF MEDICINE TEACHES

To describe a disease as having a specific cause, is as erroneous as characterizing the glorious voice of a great singer as simply a matter of vibrating vocal chords.

Not even health can master incurable remedies.

When justice vacates, tyranny takes up residence.

The processes of life are an extreme complexity of interaction between an organism and its environment; evolving through a slow, prolonged course of adaptation and; exists only because the sum is greater than its parts, whether it be the organism itself or the substances upon which it depends for survival.

What we call "nature" is all that is or should be. Anything else is unnatural or alien and will assuredly destroy or alter the whole.

When Humans believe they can improve on nature, think more than twice; the cost is eventually immeasurable.

Repair of abnormalities, that which cannot function effectively in the natural milieus, can only be effectively and fully repaired by utilizing natural medicines.

Maintaining the natural relationships of life to the environment is both the prevention and the cure.

That which is alien to nature cannot possibly correct what it un¬ doubtedly caused.

Replacing but a part, can never reconstruct the whole, which is assuredly more than the sum of its parts. The only physician that has ever fully accomplished this, is a woman. We call her "Mother Nature".

What blasphemy! The Government asks that a drug be "safe and effective", when in truth, only natural medicines can meet that

requirement, and they are removed from the shelves while poisons of one degree or another remain.

Ozone, when not contaminated by humankind, is nature's way of purifying the atmosphere. In proper concentrations it kills bacteria, fungi, viruses and cancer cells. Yet, many governments say its efficacy has never been proven, and will not "grandfather in" its use, even though it precedes government by hundreds of millions of years.

Even if the whole world believed a lie, it could not make it the truth. It does however speak to the cunning of the liar and the innocence of the believer.

Truth is not verified by popular vote, it avoids no question and answers without emotion.

The FDA (in the U.S.A.) is the supreme authority on healing. God is still waiting for his remedies to receive approval. The problem? They have never been subject to a double-blind study, no one else in research has been able to duplicate them, and the Bible is not considered a peer-reviewed journal! (GOD offered the FDA an incentive in the form of a good job in Heaven, but withdrew the offer when he realized they were all destined to go to Hell!)

If we alter or destroy the ecosystem without the time or ability to adapt, disease and death will surely follow.

Character assassination in response to another scientist's chal¬ lenge, is tacit evidence of an indefensible position.

To be pious while blaspheming another is merely a reflection of one's own character.

The prime requisite of a scientist is an open mind. (The igno¬ rance of physicians could be forgivable, most really do not know and better.) However, **to be intolerant of other schools of thought is inexcusable.**

Perhaps we should be reminded that eighty percent of what is done in medicine has never been double-blinded.

Therefore...

Is it Science to be cavalier about the thousands of drugs and therapies we have discarded in the past century, and perhaps as recent as yesterday, that we confidently prescribed the day before; and then, in the next breath, condemn centuries old therapies which members of the establishment have never used, though they have stood the test of time?

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I wrote the following article on AIDS. It has been submitted to some British medical journals for publication as it would be almost impossible to find one in the United States that would print it. You have the publishers permission to make as many copies as you wish. Please send one to your physician, newspaper, representative and senator — better still send the book.

If you send a contribution to:

AIDS Truth
1600 South Dixie Highway
Suite 1A28
Boca Raton, FL 33432

we will mail a copy to every physician in the United States. Any funds left over will be given to "RETHINKING AIDS". Make your check payable to PELTEC PUBLISHING with a note on the check: "for AIDS Truth".

A CALL FOR THE TRUTH

(A White Paper on The Viral-AIDS Hypothesis)

Robert E. Willner, M.D., Ph.D.

The history of medicine contains a plethora of instances in which physicians have acted tragically under "consensus of opinion" rather than relying on substantial scientific evidence. This practice has its origins in the long-held concept that medicine is an "art" rather than a science. In recent decades, the major advances in technology have allowed us to emerge from the "dark ages" of diagnostic and therapeutic doctrines that were often based on personal prejudice and "medical politics". Unfortunately, we have also fallen victim to fraudulent scientific papers because of the inherent trust we place in our colleagues engaged in arcane areas of medical research. In the early 1980's, physicians became aware of what appeared to be an emerging epidemic which is now known throughout the world as AIDS. Along with all of my colleagues, **I** eagerly followed the releases from the "authorities" about the progress of the disease and the involved explanations related to the behavior of the new retrovirus which was given the designation HIV. In spite of my relative ignorance about retroviruses, I became suspicious that something was awry when retrovirologists, who had spent twenty years and in excess of twenty billion dollars in research on viruses, became involved in extensive apologetics with reference to HIV. They began to use terms such as "mysterious" and "intelligent" in the ever growing number of additional hypothetical explanations needed in the attempt to clear up the contradictions arising with reference to the original virus— AIDS **HYPOTHESIS. I** underscore the word hypothesis to remind my colleagues that the so-called AIDS virus has never been proven scientifically to cause any disease, let alone AIDS. Every scientific pronouncement is without laboratory proof and is mere supposition.

Allow me to be presumptive enough to speak on behalf of some of our most respected colleagues in the area of research on AIDS; Dr. Peter Duesberg, Professor of Molecular Biology, University of California at Berkeley, the world's foremost retrovirologist; Dr. Charles A. Thomas, Professor of Microbiology, Harvard; Dr. Kary Mullis, six-time Nobel Candidate, Nobel Laureate, 1993 and dis-

coverer of the Polymer Chain Reaction. These are just a few of the hundreds of prominent scientists who have banded together to form "The Group For The Reevaluation Of The AIDS Hypothesis". **I** have spent five years in researching as many scientific papers and lay periodicals as possible in order to try to fully understand the enigma of the phenomena called AIDS. Everything I have read and verified has confirmed the suspicions which grew out of the obvi¬ ous contradictions of the "hypothesis" and the practical experience from treating AIDS victims. AIDS is not an enigma, our medical texts have clearly defined the causes of acquired immune deficien¬ cies for over fifty years. What appeared to be an emerging epi¬ demic amongst homosexuals, occurred as a result of three coincidental phenomena; the advent of the "drug culture" of the sixties, the use of amyl nitrite ("poppers") and the visibility of the "gays" as a group when they "came out of the closet". If we add two other obvious factors, starvation in Africa (long recognized as the major cause of immune deficiency) and the use of AZT, the enigma of AIDS becomes crystal clear. The "mysterious" and "intelligent" virus suddenly becomes the uneventful, ordinary, in¬ animate piece of dead tissue that it is.

I present to you just a fraction of the facts that cry out for an immediate investigation and re-evaluation of what I **now** know **to** be the "Deadly Deception" **—**The Viral-AIDS Hypothesis.

WHY HIV CANNOT CAUSE AIDS

None of the proposed explanations, of which there are more than forty, as to the *modus operandi* of HIV, nor the virus-AIDS hypoth¬ esis itself, are based on scientifically acceptable evidence or proof. The available laboratory evidence speaks against the hypothesis. The remainder of the evidence is epidemiological, and even that, when scrutinized and truthfully presented without first being selec¬ tively screened, proves that HIV is innocent of any involvement in AIDS.

EPIDEMIOLOGY

We are asked to believe that a single virus is the cause of both cell-destructive diseases, i.e. Pneumocystis pneumonia, and cell-proliferative diseases, i.e. Kaposi's sarcoma!

Worse, we are asked to believe that a single virus can cause two distinctly different disease complexes, and do so on the basis of geographical distribution, sexual preferences and gender.

In Africa, AIDS is virtually 100% fever, diarrhea and wasting. In the United States and Europe, AIDS is 25 to 35 distinct diseases, depending on how they are classified.

There are no uniform or significant genetic differences between the isolated HIV or any of its mutants found in the U.S.A., Europe or Africa to account for the wide discrepancies in disease occur¬ rences.

The incidence of HIV in Africa differs from one country to another and correlates only with malnutrition and starvation. Else¬ where it correlates with drugs, the male gender, sexual preference and crosses all national boundaries.

In Europe and the United States, 86% to 90% of AIDS cases are males. In Africa, AIDS occurs evenly between the sexes.

The predicted epidemic has not occurred. In the past 10 years (since 1984), 204,000 individuals in the U.S.A, have developed AIDS. 602,000 were predicted. In Africa, 129,000 have developed AIDS. 3,063,000 were predicted. If these figures were corrected for the normal incidence of all of the acquired immune deficiency diseases, as well as starvation and drugs (AZT included), none would be left to blame on HIV.

The predicted AIDS **epidemic** in Thailand produced only 123 AIDS cases in 8 years.

Laboratory rats treated with antibiotics and cortisone, both immunosuppressive, developed Pneumocystis pneumonia which is the most common disease of AIDS.

In Europe and America approximately '/3 of the AIDS cases are diseases which are not truly immune deficient, i.e. Kaposi's sar¬ coma, lymphoma, wasting disease and dementia.

83% of American AIDS babies are "crack babies" (bom to drug addicted mothers) or hemophiliac (congenital).

In Africa, the virus has little or no affinity for sexual or behav¬ioral risk groups.

In spite of the ubiquitous presence of Pneumocystis and Can¬dida, these diseases do not occur in AIDS in Africa.

50% of American AIDS patients are **presumptively diag¬nosed**-without a positive test.

AIDS occurs mostly in the 20 to 45 year-olds, our healthiest and armed forces-recruitable years.

The virus prefers males (90%), but the diseases it supposedly causes are not male specific.

THE VIRUS CALLED HIV

HIV has never been present in AIDS cases in amounts large enough to cause disease, and yet it supposedly kills the victim. Only 1 virus per 100,000 lymphocytes can be found in only 20% of AIDS cases, even when death is imminent.

The presence of the virus is often 40 times greater in healthy HIV-positive individuals than in fatal AIDS cases, where many times it can't be found at all.

The virus cannot be found in the lesions of Kaposi's sarcoma.

The virus cannot be found in the brain in dementia.

In order to isolate the virus from the blood of an AIDS victim, you have to culture at least 5 million leucocytes and it may take 15 separate attempts to do so.

The incidence of AIDS is '/3 lower in health care workers, caring for AIDS patients, than in the general population.

AIDS hypothesis supporters claim incredulously, without any proof, that the failure of the unproven HIV to meet Koch's Postu¬lates, invalidates that 100 year-old standard for etiological proof!

The HIV test is for the presence of antibodies, not the virus. AIDS is the first disease in the history of medicine in which immunity indicates the patient will die of the disease! Of course, there are latent viruses which, under opportune situations of debili¬ tation, replicate in sufficient numbers to cause clinical infection and even death. This has never occurred with HIV, and has only been postulated and proclaimed a fact without any proof whatso¬ ever.

The Centers For Disease Control in the U.S.A, never report the incidence of HIV in its HIV/AIDS Surveillance Report. To do so would expose the fraud.

HIV correlates only 50% with AIDS. **Cytomegalovirus** corre¬ lates 100% with AIDS, as do **drugs** and the **Epstien-Barr virus.** There are also significantly higher correlations with **Hepatitis A, Hepatitis B, HSV,** the **number of blood transfusions, malnutri¬ tion** and **starvation .**

DISCREPANCIES ABOUND

Since HIV came onto the scene the median age of hemophiliacs has increased by 5 years!

The risk of AIDS in HIV-positive non-hemophiliacs is twice that of HIV-positive hemophiliacs.

The incidence of AIDS in the wives of HIV-positive hemo¬ philiacs is '/5 of the number predicted by the AIDS hypothesis.

The incidence of AIDS hemophiliac children **tripled** two years **after** the virus was filtered out of blood transfusions.

According to official statistics AIDS had not spread for 7 years — until they added 5 more diseases (1985-1992).

We are constantly being warned of the coming catastrophic epidemic. Yet, there is undeniable evidence that HIV has existed for at least 50 years and probably millions of years.

HIV in non-drug using prostitutes is virtually non-existent.

Venereal disease and unwanted pregnancies have **increased in** the past 8-10 years, but not HIV.

Only 1 provirus (not the virus) was found out of 1 million cells in only 1 out of 25 HIV-positive males.

Statistics indicate that if you want to "get AIDS" from an HIV¬ positive male you have to be on drugs for a long time.

In the U.S.A, and Africa the evidence is conclusive that there is no difference in the incidence of AIDS diseases between HIV¬ positive and HIV-negative babies .

If AIDS was sexually transmitted, the perinatal transmission would make it a pediatric disease— the incubation period is supposedly two years. **It is not a pediatric disease.**

A report released by the U.S. Job Corps and the U.S. Army, which was based on millions of tests, indicated that HIV was **evenly distributed between males and females** in the age group from 17 to 24. However, the Center for Disease Control in the U.S.A, reports that 85% of the AIDS cases in the same age group are **males.**

A proportionality exists between HIV and AIDS only if starva¬ tion, transfusions and drugs, including AZT, are involved. Other¬ wise, being HIV-positive is meaningless.

10% of male and female **heterosexuals** prefer **anal** intercourse. The incidence of HIV and AIDS in those women is the same as compared to women who prefer vaginal intercourse. Yet, the inci¬ dence of AIDS is 90% male.

The AIDS virus has been demonstrated in blood samples from 50 years ago, at the same time that Masters and Johnson confirmed a high incidence of anal intercourse amongst **heterosexuals.**

Statistics show that in Africa it has to take an average of 10,000 acts of intercourse to transmit AIDS as compared to the U.S.A, and Europe's 1,000. That's 20 times a week!

HIV **in vivo,** when present, is rare and neutralized by antibod¬ ies (HIV-positive) and therefore non-infectious. **In vitro** (in the laboratory) they are infectious because there are no antibodies present.

AIDS amongst laboratory workers is the same as the general population even though their exposure is many millions of times greater.

More than a dozen co-factors have been **proposed** as necessary to cause AIDS along with HIV. HIV is usually **not** even present (80% of the time) and it is always dormant.

AIDS diseases are claimed to be the result of the immune deficiency or autoimmunity caused by HIV. However four of the major diseases, Kaposi's sarcoma, lymphoma, dementia and wast¬ ing disease are not caused by immune deficiency.

Hoffman in 1990, in defense of his **theory** involving auto¬ immunity, wrote that all of "Duesberg's paradoxes" could be un¬ derstood in the light of his (Hoffman's) "model" (Now there's **a** brilliant scientist; let's make Duesberg responsible rather than the Virus-AIDS hypothesis).

The autoimmune **theory** of Hoffman fails to explain: Kaposi's sarcoma, lymphoma, dementia and wasting disease; the specific diseases related to specific behavior (i.e. "poppers" and Kaposi's sarcoma); the incredible differences in the types of diseases be¬ tween the HIV-infected groups; the bias for males; and the 80% (U.S.A.) to 98% (Africa) HIV-positives who haven't developed AIDS since 1984.

One really bright group of scientists, Shaw et al., argued for the concept (never demonstrated) of the formation of antibodies against the HIV antibodies. If we accept their theory, then all viruses should cause AIDS.

Gallo, whose memory lapse about having stolen Montaigner's virus, for which he was declared guilty of "scientific misconduct" by his peers, claims to have observed HIV killing primary T-cells. Montaigner, his "co-discoverer", published a paper declaring the exact opposite the same year, 1984.

Gallo **without any scientific evidence** and in direct contradiction to the 20 years of knowledge gained from the intensive and conclusive 20 billion dollar study of retroviruses during Nixon's "war on cancer", claims that HIV retrovirus **kills** its host cell which it absolutely needs in order to reproduce. The conversion of RNA to DNA requires the mitosis of the host cell, not its death!

The very reason that retroviruses were investigated as a probable cause of cancer, was their noncytocidal replication.

Gallo patented a technique of indefinitely reproducing T-cells in culture and **hypothesizes** that the T-cell line has developed a resistance to being killed by HIV. However, this has always been basically true of every T-cell line.

It is claimed that 50% of HIV infected individuals are supposed to die over a ten-year period. In Africa only 0.3% die each year which means we will have to wait 150 years for 50% to die! In the first 10 years of AIDS, the prediction for the United States and Europe was overestimated 300%.

After four years of on-site intensive study, investigators in Tanzania (Phillipe and Evelyne Krynen, Directors of the Partage mission and reported by Neville Hodgekinson for the *Sunday Times* in the United Kingdom on 3 October 1993), state that there is no AIDS epidemic.

The Annual Conversion Rate from HIV-positive to AIDS is published each year by the World Health Organization. The figures indicate that if you are HIV-positive, you chances for survival are up to 300 times better if you live in Zaire rather than in Europe or the United States of America!

All claims for pathogenicity of HIV by virtue of mutation have never been observed or demonstrated and are contrary to all established facts.

HIV is claimed to have unique genes and toxins that destroy nerve tissue. Again, none of these claims are substantiated or demonstrated. The RNA information, structure and function of HIV do not distinguish it from other retroviruses.

The Simian Immunodeficiency Virus (SIV) which is claimed to cause "AIDS-like" diseases in macaques is being cited to argue support for the Virus-AIDS Hypothesis. However, SIV is only 40% similar to HIV; causes disease 15 times more effectively in 7io the time; does not stimulate antiviral antibodies; does not deplete T-cells; produces an entirely different spectrum of dis¬ eases; and only does so in laboratory macaques, and not naturally in the wild species. So much for a supposed analogy.

THE REAL CAUSES OF AIDS

The first edition (1952) of the *Merck Manual* listed the causes of acquired immune deficiencies in the order of occurrence: **malnu¬ trition, drugs, radiation...**

The incidence of AIDS in Africa, which is completely different from the 25-odd diseases in Europe and the United States of America and is characterized as **diarrhea, fever and wasting,** correlates virtually 100% with **malnutrition, starvation and para¬ sitic disease.**

The incidence of drug use, i.e. **street drugs** (used orally or intra¬ venously) of all types, **amyl nitrite** (poppers) and other immune suppressive **medical drugs, particularly AZT, correlate virtu¬ ally 100% with the development of AIDS in Europe and the United States! These factors have been proven sufficient to cause the diseases of AIDS. HIV is a sometimes present, inno¬ cent bystander that has yet to be proven necessary for anything that is occurring.**

Research by a respected group of Australian scientists have de¬ clared the test for HIV as scientifically invalid. They have found **that malnutrition, multiple infections, malaria, multiple sclero¬ sis, tuberculosis, the "flu" and measles can result in a positive test** In Russia, screening with the Elisa test resulted in 30,000 positive tests. Yet, only 66 could be confirmed with the Western Blot.

Imagine the medical carnage being caused when individuals, because they once had measles or the "flu", are falsely diag-

nosed as having a virus which has never been proven to cause any disease, are given a drug which will kill them!

The incidence of AIDS in hemophiliacs drops dramatically when the protein contaminants in the added Factor Vin is refined three times.

Rare anecdotal cases of AIDS that were supposedly outside the risk groups, have been sensationalized in the press throughout the world. The cause of death was cited as AIDS due to HIV infection, but a closer look tells a different story:

An 18-year-old hemophiliac, Ryan White, died of internal bleeding and had been **treated extensively with AZT** which causes AIDS (see package insert).

Paul Gann, a 77-year-old blood transfusion recipient died in 1989. Although the transfusion which was given in 1982 was not demonstrated to have HIV, it was blamed for his death. Gann had a **5-vessel bypass surgery** in 1982, **bypass surgery again** in 1983 and in 1989 was hospitalized for a **fractured hip, developed pneumonia and died.** How many times has this happened in virtually every doctor's practice before AIDS? Yet, his death was blamed on AIDS.

Kimberly Bergalis, who supposedly contracted AIDS from her dentist during a tooth extraction (the mode of transmission was never established) was tested for HIV after the dentist disclosed he was homosexual. **Kimberly was given AZT.** The incidence of HIV-positives amongst the dentist's patients was 0.4%, the **same** as it is for all Americans!

The increase in the annual death rate of American males between the ages of 25 to 44 rose by 10,000 during the 1980's. They were assumed to be due to AIDS. During the same period, however, the deaths from intravenous drug use rose 400%.

Male homosexuals comprise 60% of American AIDS patients. One study involving 170 of them produced the following breakdown of drug use, usually in multiple combinations:

nitrite inhalants – 96%
lysergic acid – 50%
amphetamines – 60%
methaqualone – 50%
barbiturates – 25%
prescription drugs – 50%
ethyl chloride inhalants – 42%
cocaine – 55%
phenylcyclidine – 40%
marijuana – 90%
heroin – 10%

Many other studies involving thousands confirm these figures.

AIDS victims had twice the lifetime drug dose than HIV carriers!

When amyl nitrite ("poppers") was outlawed in the State of Massachusetts, the incidence of Kaposi's sarcoma dropped 7-fold (700% difference). Wherever its use has been charted, the incidence of the disease parallels the use of the drug. This is also true of all other AIDS diseases. The incidence of multiple diseases, which usually results in the frequent use of antibiotics was as follows:

gonorrhea – 80% Hepatitis B – 50% syphilis – 55%
mononucleosis – 15% parasitic diarrhea – 30%

AZT, A CAUSE OF AIDS

AZT is toxic to all cells; it is a DNA chain terminator. An independent laboratory found AZT to be 1,000 times more toxic than shown in the studies performed by the National Institutes of Health and the manufacturer (Burroughs-Wellcome).

180,000 HIV carriers worldwide are currently taking AZT. The drug insert clearly states that **AZT causes acquired immune deficiency.** Studies indicate that AZT does not effect the downward progression of CD-4+ cells

Human and animal tests indicate that AZT causes severe depression (potentially fatal) in the production of red and white blood cells, muscle atrophy, polymyositis, lymphomas, hepatitis, dementia, mania, ataxia, encephalopathy, seizures and impotence. It is carcinogenic in mice.

Although it is well known that disease from drug use is dose related, this fact has been largely ignored in epidemiological research.

The only controlled study on AZT (Fischl, et al., 1987) was discontinued after 4 months, supposedly because the beneficial effects were obvious. This study is a prime example of medical corruption:

The AZT group received transfusions 6 to 1 over the Control group.

The two groups were not matched or staged.

Other "concomitant medications" were used.

Drug sharing occurred between the AZT and placebo groups.

The AZT group had 56 side effects and the placebo group had 31 side effects. This could only occur if the code had been broken, thus making the study useless.

The code was broken the first week.

The ultimate outcome of the study and others performed since, indicate that AZT actually triples disease risk. The administration of AZT adds new serious and fatal disease risks. These include serious anemias requiring life-saving transfusions, leukopenia and death (20% in 9 months on AZT).

Studies clearly indicate that AZT accelerates progression to death, increases the incidence of lymphoma 3,000% and does not prolong life.

Several studies have revealed recovery of cellular immunity and general improvement when AZT was discontinued.

IN SPITE OF THESE FACTS, THE FDA HAS NOT RECALLED AZT

The AIDS virus has been called mysterious, intelligent, strange, not ordinary, unpredictable and inconsistent. Compared to the unpredictability of the Virus-AIDS hypothesis, the Drug-AIDS

hypothesis accurately predicts drug-specific diseases distinctly to the type of drug. AIDS diseases occur in HIV-free individuals, but are simply reported under their old names instead of being called AIDS.

Physicians have been victimized by less-than-scientific, self¬serving researchers and politicians who mouth hypotheses as though they were truth and present half-truths which convey misleading conclusions. As a result, other scientists continue their expensive and fruitless search for "sharks in the desert". Meanwhile, hun¬dreds of thousands, and eventually millions, will continue to die from lack of knowledge as to the true causes of AIDS and iatrogenic death from AZT.

It is time for physicians to remove the "art of medicine" mask of protection from criticism and boldly show their faces as true scientists. We must demand an immediate re-evaluation of the Virus-AIDS hypothesis in the interest of our patients and our sacred obligation to "above all do no harm".

Robert E. Willner, M.D., Ph.D.*
April 1994

* Author of *Deadly Deception*

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Suite 210
Boca Raton, FL 33431

COMMENTS OF A NOTED JOURNALIST

"In a deadly conspiracy of silence, the medical establishment is ignoring powerful evidence that HIV doesn't spread sexually, and may in fact be harmless.

"As a scientist, you don't mold your theory to fit your assumption; you assume nothing, and let the facts fall where they may. Eventually you may have a theory. And once you do, your duty as a scientist is to throw it into the lion's den of scientific scrutiny— peer review.

If it's correct, it will prevail; if not, it deserves to disintegrate.

- Celia Farber
Senior Editor, *SPIN* Magazine

(Quoted from her article "Fatal Distraction",
SPIN Magazine, June 1992)

COMMENTS OF A NOTED AUTHOR

"My prediction is that in the next three years* The definition of AIDS will continue to expand. This will increase the numbers of cases being reported and it will convince most people we are suffering from a new plague."

- John Rappaport
Investigative Reporter and author of
"AIDS Inc. Scandal of the Century"

(Quoted from his article in the
Health Freedom News, March 1989*)

*** In 1992, three years later, five more diseases were added to the list of the AIDS disease group, (including tuberculosis) thus expanding an "epidemic" which had stalled for several years!**

Chapter 10

The Beginning of the End (The Needle Stick)

In mid-July of 1993, 1was invited to stay at a friend's home in Costa Teguise on the enchanting island of Lanzarote in the Canar¬ ies. Located just sixty miles off the coast of Morocco, Lanzarote is caressed continuously by gentle refreshing winds that cool the ever present tropical sun. It seemed almost destined that this volcanic paradise would provide, not only the perfect motivational setting for completing several books I had been writing, but the blending of wonderful, sincere and talented people, who together, would initiate the beginning of the end of the AIDS scam. Through an unusual circumstance, I met an brilliant woman, whose ethics, organizational talents and analytical abilities, led to a chain of events that shook all of Spain. Marisa Caceres read the nearly completed manuscript of this book and arranged for me to meet Andres Pallares, the editor of *LANCELOT*, the weekly newsmagazine of Lanzarote. Andres was reluctant to talk with a doctor who said that AIDS didn't exist. But, when Marisa chal¬ lenged him with, "Are you at least willing to be convinced?" he agreed. We had lunch at Playa de Famara, a magnificent beach nestled below soaring majestic cliffs. In two hours, I convinced Andres and found a special friend and an advocate of humanity.

On September 25, 1993, the first of four articles appeared in *LANCELOT*. Marisa suggested a conference for the public, which she agreed to make possible by doing a simultaneous translation (at

which she is truly excellent). She also spoke to an HIV-positive hemophiliac, Pedro Tocino, whom she had seen on a Spanish television program. Pedro, who had been fighting the government health establishment, because of their laxity in allowing contaminated blood to be used in transfusions, and who had been on AZT for two years, decided to come to Arrecife, the capital of Lanzarote for the lecture.

Pedro arrived on Sunday, October 10, with a manuscript of a book he had written, government papers and his medical records. The dedicated, unassuming gentle man, seemed to study me with his eyes incredulously. He found it difficult to believe after years of fighting a hard and lonely battle, there was a doctor on his side. Except for the fact that he had the mild form of hemophilia, a meaningless positive test for HIV and had been slowly poisoned by AZT, there was nothing wrong with him. On the morning of October 13, 1993, while pondering how I could effectively create a doubt in the minds of an audience that had been brain-washed by lies for ten years, I recalled a remark made by Peter Duesberg, the world renowned microbiologist. At a lecture he gave in 1989, he mentioned that he would take an injection of the HIV virus, if he could trust that it didn't contain some other ingredient. I conferred with Pedro and obtained his consent to help me with a dramatic act of truth. That evening, at the end of the lecture, in front of cameras, I stuck a hyperdermic needle into Pedro's finger, coated it thoroughly with his blood and then stuck it deeply into mine.

The pictures and the story appeared in every major newspaper in Spain. It prompted condemnation by government officials and threats of legal action. I knew that the government could not risk exposure in a court of law, but I did have concern for my life from two other sources: the pharmaceutical industry and the "Drug Lords". If the fraudulent studies of the Burroughs-Wellcome Company came to light, the company could be bankrupted by lawsuits and its officials could be subjected to criminal charges. If addicts and potential drug users knew that it was drugs that caused AIDS, it could cost the illegal drug trade billions of dollars also.

Several television stations called with requests for me to appear. Marisa wisely counseled me to refuse the government-run stations, as they were controlled and would not be unbiased. We accepted the request from the independently-run Antena-3 to ap-

pear on the most popular morning television show in Spain, which is hosted by Pepe Navarro. Marisa agreed to go with me to Madrid in order to translate so that nothing I said would be misquoted. My appearance was negotiated by Marisa. We asked only for expenses, that the segments be live and that I could review the questions before the show. They asked that I be willing to stick my finger again with Pedro's blood on camera.

We met with Pedro Navarro on October 21, the evening before the show. He was at first skeptical, but after asking extremely intelligent questions for over two hours, his interest and attitude changed to one of great concern over the facts I presented. We called Peter Duesberg at the University of California so Pepe could speak to him directly. Pepe asked him if he could send a fax giving his support to my position on the AIDS scam. The following morning, I was told that the station no longer required me to repeat the "finger stick" on camera. Peter Duesberg's fax and the copy of the *Sunday Times* of October 3, 1993, which I had brought with me was displayed on television. The front page headline "African AIDS plague a 'myth'", and the two page headline on pages 10 and 11, "THE PLAGUE THAT NEVER WAS", was viewed by mil¬ lions throughout Spain. The viewers telephone calls were 4 to 1 in favor of my position on the AIDS scam.

While in Madrid, I was interviewed by *Pronto,* the most popu¬ lar weekly magazine, with 4,000,000 readers in Spain. The three-page article entitled, "Robert Willner: The Virus HIV Does Not Cause AIDS" was very favorable and honest. It contained color pictures of the now famous "fingerstick" and the *Sunday Times* headline. Offers of publication of this book have been made by companies in several countries. Conferences which will include Peter Duesberg and others are being negotiated. The story went out through "F', the world's fourth largest news service.

I am hoping this is the beginning of the end of the wholesale slaughter of thousands of unsuspecting victims of fraud and the "The Plague That Never Was". If necessary, I will stick my finger with HIV contaminated blood a thousand times, until this deadly scam and its perpetrators are stopped. I will continue until I com¬ pletely expose the "Deadly Deception".

THE STAKES

All of us are familiar with the parable, "The Emperor's New Clothes". It teaches us about honesty, especially of being truthful unto ourselves, to recognize our own intelligence, judgements and instincts. It warns us of the folly of "going along with the crowd" and of being dissuaded from our good senses by charlatans. It was the innocence and honesty of a young child, that couldn't be deceived by the delusion that had embraced an entire population and that finally exposed the fraud of the king's dishonest tailors.

The scenario of the AIDS "Watergate" is similar, but far more complex. It is not a lack of honesty that allowed the deceit to pass undetected by most practising physicians. It was probably an un¬discriminating trust of our research colleagues engaged in the arcane study of retroviruses, about which most of us have only a rudimentary knowledge. Our gullibility and vulnerability was in¬creased by our desire to benefit our patients, as well as our profes¬sional and national pride. As for our colleagues in the field of retrovirology, some could have conceivably lacked the necessary knowledge and simply relied upon what they read in their journals. But, as you will learn, many went along out of fear, personal gain, or both. Admittedly, in real life, deception is sometimes more easily accomplished, but much more difficult to expose when perpetrated by individuals possessing highly specialized knowl¬edge and a position of authority. This is especially true when it deals with the difficult subject of proving cause and effect in a highly specialized field in science. It is even difficult for other scientists in allied fields to be aware that a scam is being commit¬ted. The king's dishonest tailors of the story have, in real life, been replaced by a small group composed of a few research retrovirologists, pharmaceutical entrepreneurs, physicians, and high government officials. The spoils remain the same: dishonestly earned profit, power, and fame.

The cost to the victims is not the embarrassment and shame experienced by the populace in the story. In real life the unimag¬inable and incalculable price has been, and remains, unwarranted fear, human debilitation, degradation and genocide. The victims of

the deceit include those suffering from the real causes of AIDS, i.e. malnutrition, starvation and drug abuse, as well as hemophiliac children and the sufferers of at least twenty-five other diseases (and that number is growing yearly). In all of these instances, a benign virus has been falsely implicated even though not one shred of scientific evidence exists to prove it. Also affected are entire sub¬ groups of our population based on ethnic origin, color, sexual orientation and even social or "anti-social" life-styles. Tragically, this hoax deprives all individuals who are found to be HIV-positive of the true benign nature of its meaning with reference to the virus itself. Therefore, they are denied proper treatment and subjected to iatrogenic (medically caused) illness and death. The psychological impact is so incredibly profound that many victims of this fraud have committed suicide or given up hope, and thus succumbed to a disease they may have otherwise rather easily conquered.

The protagonist is no longer the innocent child that awakened the minds of the people and their king. He has been replaced by the world's most respected and knowledgeable retrovirologist. Armed with reason, irrefutable facts and an unswerving selfless dedication to truth and humanity, Dr. Peter Deusberg has exposed this mon¬ strous fraud.

The price to the scientific community is loss of credibility, loss of countless billions of dollars in misdirected and fruitless research, and undeserved honors and profits to despicable scoundrels and murderers. We have tolerated, by our lack of scrutiny and diligent application of our scientific criteria, the suppression of indepen¬ dent scientific thought and investigation. We have permitted the persecution and humiliation of some of our best and bravest col¬ leagues. Like the king's subjects in the story, we have allowed our minds to be enslaved. For us it is a much greater fault. Because of our professional responsibility and training, it is our obligation to be constantly questioning and asking for verification of all con¬ cepts and claims. In this we have failed. We are forced to bear some of the guilt for the deception of the public, and our religious and political leaders.

The cost to the people is the deprivation of their constitutional rights of "life, liberty and the pursuit of happiness".

LOSS OF LIFE

Death is occurring from misdirected research and the consequent application of incorrect treatment and the delay in applying appropriate treatment.

LOSS OF LIBERTY

The fear engendered by this imaginary, artificially constructed "epidemic" and its supposed cause, has fostered prejudice and panic. This has wrought a reaction of violence and has isolated entire segments of our population. Fear, as it usually does, prompts us to relinquish our rights. There are already attempts by government to impose mandatory testing and the consequent restrictions that would be, and in some cases, already have been, imposed on individuals with HIV and AIDS.

THE PURSUIT OF HAPPINESS

This is perhaps the most tragic aspect of this fraud. The diagnosis of being HIV positive, or, of having AIDS, implies that it is incurable, was transmitted sexually, or contracted through needles and by transfusion. It places the individual in a "prison" of the mind. The victim lives constantly in the shadow of death, the despair of hopelessness and the pain of isolation. It is the ultimate paralyzer and impediment to the pursuit of happiness.

Indeed, as in any tragedy, one can always find some redeeming benefits, not from the perpetrators of the crime, but from the community at large and from the lessons to be learned. It has brought out the humanity in many of us, in that over sixteen thousand organizations have been formed to help our fellow humans. Most of these people are honest and altruistically motivated. It has served to educate us and open a dialogue on issues of morals, health, religious compassion, sexual orientation and the role that government should or should not play in all of this. Perhaps it has also made us aware of our prejudices and our impulsive willingness to cast blame and the first stone at the innocent. It has also exposed the intolerance of those depraved individuals who, masquerading under the guise of "Godliness", denigrate the love and compassion

of God by attributing the horrors of AIDS to his vengeance. We hopefully will learn to be more vigilant, so that we never again fall victim to ignorance, prejudice, perverted political and religious agendas and unscientific scams.

THE AIDS SCORE CARD

Although the AIDS fraud is nothing to laugh about, sarcastic humor sometimes gets the point across. Indulge me for a few moments as I present a different perspective on science.

A summary with comments on Dr. Peter Duesberg's completely substantiated seventy-five page scientific document proving that the AIDS Hypothesis is a fraud

The first group of comments demonstrate that Robert Gallo's profitable virus is not only intelligent, but has a mind of its own.

In Europe and the United States, 86% to 90% of AIDS cases are males (The virus is chauvinistic).

Studies in Africa and England indicate that prostitutes don't get AIDS (The virus has high moral standards).

In Africa, AIDS occurs evenly between the sexes (The virus believes in equal rights for women).

AIDS occurs mostly in the 20 to 45-year-olds, the healthiest and recruitable years for the armed services (I think the virus is trying for a Nobel Peace Prize).

In Europe and America approximately '/3 of the AIDS cases are diseases which are not immune deficient i.e. Kaposi's sarcoma, lymphoma, wasting disease and dementia (The virus is diversify¬ ing in case immunity goes out of style).

In Africa, AIDS is almost 100% fever, diarrhea and wasting, but in the rest of the world it is approximately 25 different diseases (The virus does not believe in equal opportunity).

The presence of the virus is often 40 times greater in healthy HIV¬ positive individuals than in fatal AIDS cases (Deserting sinking ships? - The dirty rat! But, perhaps it prefers long term friend¬ ships).

83% of American AIDS babies are either hemophiliac [congenital bleeders] or "crack babies" [born to drug addicted mothers] (The virus is an addicted vampire)!

In Africa, the virus has little or no affinity for sexual or behavioral risk groups (The virus must be puritanical. Perhaps apartheid is responsible).

The predicted AIDS epidemic in Thailand produced only 123 AIDS cases in 8 years (They gave an epidemic and nobody showed up; or perhaps the virus was Thai-erred).

50% of American AIDS patients are presumptively diagnosed without a positive test (Medicine is producing a new film called ***Presumed Guilty).***

The virus prefers males [90%], but the diseases it supposedly causes are not male specific (Maybe they are unisex).

The virus has never been present in AIDS cases in amounts great enough to cause disease and yet it supposedly kills people (Per¬ haps it's Sylvester Stallone or maybe Arnold Schwarzenegger).

Most of the time, the virus can't be found in patients with AIDS (It's invisible).

The virus cannot be found in the lesions of Kaposi's sarcoma (It never heard the song "I've Got You Under My Skin").

The virus cannot be found in the brain in dementia (It works by mental telepathy).

In order to isolate the virus you have to culture at least 5 million leucocytes and it may take 15 tries (It ain't a cultured virus — it ain't even common).

The incidence of AIDS is '/3 lower in health care workers caring for **AIDS** patients than in the general population **(The answer to AIDS —go to medical school)!**

Laboratory rats treated with antibiotics and cortisone, both immu¬ nosuppressive, developed pneumocystis pneumonia which is the most common disease of AIDS **(Imposters! How dare they! Gallo will sue for misrepresentation).**

AIDS hypothesis supporters say that the failure of the unproven HIV to meet Koch's Postulates, invalidates that 100-year-old stan¬ dard for proof of causation **(Huh?—yes, guesses are right and proof is wrong; black is white and...).**

The HIV test is for antibodies—that means the immune system is working **(Great! Let's pack our bags and go home! Sorry, Dr. Gallo, I forgot your bank account isn't full yet).**

The Centers For Disease Control in the U.S.A, never report the incidence of HIV in its HIV/AIDS Surveillance Reports **(Hmmm! Maybe the virus or somebody else paid them off!).**

The correlations between HIV and AIDS deals mainly with anti¬ bodies and not the virus, and is detected by a worthless test **(Whoops! Let's just flip a coin).**

HIV correlates 50% with AIDS. **Cytomegalovirus** correlates 100% with AIDS, **as** do **drugs** and the **Epstien-Barr Virus.** There are also significantly higher correlations with **Hepatitis A, Hepatitis B, HSV,** the **Number of blood transfusions, malnutrition and starvation (Aha! I know, the BUTLER did it!).**

Since HIV came onto the scene the median age of hemophiliacs has increased by **5** years **(Hemophilia is a cure for AIDS?).**

The risk of AIDS in HIV-positive non-hemophiliacs is twice that **of** HIV-positive hemophiliacs **(Let's find a way to give every¬ body hemophilia).**

The incidence of AIDS in the wives of HIV-positive hemophiliacs **is '/5 of** the number predicted by the AIDS hypothesis (marrying a hemophiliac gives 80% protection from AIDS **(Perhaps we should consider breeding hemophiliacs).**

According to official statistics AIDS has not spread for 7 years **(Will somebody let it know there issupposed to bean epidemic?).**

We are constantly being warned of the coming catastrophe. Yet there is evidence that HIV has existed for millions of years **(Don't worry, it's coming, it's coming, it's...).**

HIV in non-drug using prostitutes is almost non-existent **(Now there's an interesting alternative to condoms!).**

Venereal disease and unwanted pregnancies have increased in the past 8-10 years, but not HIV **(Get with it, HIV, or you will ruin your reputation).**

Only 1 provirus (not the virus) was found out of 1 million cells in only 1 out of 25 HIV-positive males **(WOW! Call out the army, we're being invaded by "The Lone Bunny Rabbit").**

Statistics indicate that if you want to get AIDS from an HIV¬ positive male, you have to be on drugs for a long time **(Start immediately girls, there's no time to waste).**

In the U.S.A, and Africa the evidence is conclusive that there is no difference in the incidence of AIDS diseases between HIV-positive and HIV-negative babies **(What do babies know anyway?).**

If AIDS were sexually transmitted, the perinatal (related to preg¬ nancy) transmission would make it a pediatric disease. **It is not (Children these days simply won't listen).**

A report released by the U.S. Job Corps and the U.S. Army, which was based on millions of tests, indicated that HIV was evenly distributed between males and females in the age group from 17 to 24. The Center for Disease Control reports that 85% of the AIDS cases in the same age group are males **(Maybe it has something to do with hormones. Sex change operation anyone?).**

A proportionality exists between HIV and AIDS only if starvation, transfusions and drugs (including AZT), are involved. Otherwise HIV is meaningless **(There I go again, confusing the issue with facts).**

10% of male and female **heterosexuals prefer** anal intercourse. The incidence of HIV and AIDS in those women is the same as compared to women who prefer vaginal intercourse. Yet, the incidence of AIDS is 90% male **(Maybe HIV doesn't know which end is up, or perhaps it's the virus that's gay).**

The incidence of HIV in Africa differs from one country to another and correlates with malnutrition and starvation, not gender or sexual preference (Now there's food for thought). Statistics show that in Africa it has to take an average of 10,000 acts of intercourse to transmit AIDS as compared to the U.S.A, and Europe's 1,000. That's an **average** of 22 times a week! Some must be doing it at least a hundred times a week **(Maybe it's all propaganda).**

HTV ***in vivo*** (in humans), when present, are rare, neutralized by antibodies (HIV-positive) and therefore non-infectious. ***In vitro*** (in the laboratory) they are infectious because there are no antibodies present. AIDS amongst laboratory workers is the same as the general population even though their exposure is a million times greater **(They must wear condoms in the laboratory. Now that's what I call respect for science).**

More than a dozen co-factors have been **proposed** as necessary to cause AIDS along with HIV which is either not there or sleeping **(Typical of a government agent even if it is a virus).**

AIDS diseases are claimed to be the result of the immune deficiency or autoimmunity caused by HIV. However four of the major diseases, Kaposi's sarcoma, lymphoma, dementia and wasting disease are not caused by immune deficiency. **(Well, if Koch's postulates are old-fashioned, maybe the rest of our science should be scrapped too! After all, there's big money to be made from AIDS).**

Hoffman, in 1990, in defense of his **theory** involving autoimmunity, wrote that all of "Duesberg's paradoxes" could be understood in the light of his (Hoffman's) "model" **(Now there's a brilliant scientist, make Duesberg responsible rather than the paradoxes of AIDS-Virus hypothesis).**

The autoimmune theory of Hoffman fails to explain: the four diseases above, the specific diseases related to specific behavior (i.e. "poppers" and Kaposi's sarcoma), the incredible differences between the HIV-infected groups, the bias for males, the 80% (U.S.A.) to 98% (Africa) HIV-positives who haven't developed AIDS since 1984 **(Technicalities, always technicalities).**

One really "bright" or "bought" group of scientists, Shaw et al., argued (theory) for the formation of antibodies against the HIV antibodies. If we accept their theory, then all viruses should cause **AIDS (Would somebody please check what they've been smoking?).**

Gallo, whose memory lapse about having stolen Montaigner's virus, was declared guilty of "scientific misconduct" by his peers, claims to having observed HIV killing primary T-cells. Montaigner his "co-discoverer" wrote a paper declaring the exact opposite the same year, 1984 **(Quiz: Who do you think is lying?).**

Gallo, without any evidence and in direct contradiction to the 20 years of knowledge gained from the intensive and conclusive study of retroviruses by many scientists, claims that HIV kills its host cell —upon which it depends for reproduction **(Hark, ye husbands of childless women, there is yet hope. Kill thy mate and offspring shall abound).**

The AIDS virus has been called mysterious, intelligent, strange, not ordinary, unpredictable and inconsistent **(How about fraud?).**

Chapter 11

A Helping Hand

PROFESSIONAL RESOURCES

The following is a list of comprehensive practitioners of complementary and alternative therapies and chelation. Hopefully they will treat AIDS. If not give them a copy of my book, ask them to call me, and call them back in one week.

THE UNITED STATES

ALABAMA

Birmingham	P. Gus J. Prosch, Jr., MD	(205) 823-6180

ALASKA

Anchorage	F. Rusell Manuel, MD	(907) 562-7070
	Robert Rowen, MD	(907) 344-7775
Soldotna	Paul G. Isaak, MD	(907) 262-9341
Wasilla	Robert E. Martin, MD	(907) 376-5284

ARIZONA

Glendale	Lloyd D. Armold, DO	(602) 939-8916
Mesa	William W. Halcomb, DO	(602) 832-3014
Parker	S.W. Meyer, DO	(602) 669-8911

Phoenix	Terry S. Friedmann, MD	(602) 381-0800
	Stanley R. Olsztyn, MD	(602) 954-0811
Prescott	Gordon H. Josephs, DO	(602) 778-6169
Scottsdale	Gordon H. Josephs, DO	(602) 998-9232
Tempe	Garry Gordon, MD	(602) 838-2079

ARKANSAS

Hot Springs	William Wright, MD	(501)624-3312
Leslie	Melissa Taliaferro, MD	(501) 447-2599
Little Rock	Norbert J. Becquet, MD	(501) 375-4419
	John L. Gustavus, MD	(501) 758-9350
Springdale	Doty Murphy, III, MD	(501) 756-3251

CALIFORNIA

Albany	Ross B. Gordon, MD	(510) 526-3232
Auburn	Zane Kime, MD	(916) 823-3421
Bakersfield	Ralph G. Seibly, MD	(805) 873-1000
Campbell	Carol A. Shamlin, MD	(408) 378-7970
Chico	Eva Jalkotzy, MD	(916) 893-3080
Concord	John P. Toth, MD	(510) 682-5660
Corte Madera	Michael Rosenbaum, MD	(415) 927-9450
Covina	James Privitera, MD	(818) 966-1618
Daly City	Charles K. Dahlgren, MD	(415) 756-2900
El Cajon	William J. Saccoman, MD	(619) 440-3838
Encino	A. Leonard Klepp, MD	(818) 981-5511
Fresno	David J. Edwards, MD	(209) 251-5066

Grand Terrace	Bruce Halstead, MD	(714) 783-2773
Hollywood	James J. Julian, MD	(213) 467-5555
	Joan Priestley, MD	(213) 957-4217
Huntington Beach	Joan M. Resk, DO	(714) 842-5591
Lake Forest	David A. Steenblock, DO	(714) 770-9616
Laytonville	Eugene D. Finkle, MD	(707) 984-6151
Long Beach	H. Richard Casdorph, MD	(310) 597-8716
Los Altos	Robert F. Cathcart, III, MD	(415) 949-2822
	Claude Marquette, MD	(415) 964-6700
Los Angeles	Laszio Belenyessy, MD	(213) 822-4614
	M. Jahangiri, MD	(213) 587-3218
Monterey	Lon B. Work, MD	(408) 655-0215
Newport Beach	Julian Whitaker, MD	(714) 851-1550
North Hollywood	David C. Freeman, MD	(818) 985-1103
Oxnard	Mohamed Moharram, MD	(805) 483-2355
Palm Desert	David H. Tang, MD	(714) 851-1550
Palm Springs	Sean Degnan, MD	(619) 320-4292
Porterville	John B. Park, MD	(209) 781-6224
Rancho Mirage	Charles Farinella, MD	(619) 324-0734
Redding	Bessie J. Tillman, MD	(916) 246-3022
Reseda	Ilona Abraham, MD	(818) 345-8721
Sacramento	Michael Kwiker, DO	(916) 489-4400
San Diego	Lawrence Taylor, MD	(619) 296-2952

San Francisco	Richard A. Kunin, MD	(415) 346-2500
	Russell A. Lemesh, MD	(415) 731-5907
	Paul Lynn, MD	(415) 566-1000
	Gary S. Ross, MD	(415) 398-0555
San Leandro	Steven H. Gee, MD	(510) 483-5881
San Rafael	Ross B. Gordon, MD	(415) 499-9377
San Marcos	William C. Kubitschek, DO	(619) 744-6991
Santa Ana	Ronald Wempen, MD	(714) 546-4325
Santa Barbara	H.J. Hoegerman, MD	(805) 963-1824
	Mohamed Moharam, MD	(805) 965-5229
Santa Maria	Donald E. Reiner, MD	(805) 925-0961
Santa Monica	Michael Rosenbaum, MD	(310) 453-4424
	Murray Susser, MD	(310) 453-4424
Santa Rosa	Terri Su, MD	(707) 571-7560
Seal Beach	Allen Green, MD	(310) 493-4526
Smith River	JoAnn Hoffer, MD	(707) 487-3405
	James D. Schuler, MD	(707) 487-3405
Stanton	William J. Goldwag, MD	(714) 827-5180
Studio City	Charles E. Law, Jr., MD	(818) 761-1661
Torrance	Anita Millen, MD	(310) 320-1132
Van Nuys	Frank Mosier, MD	(818) 785-7425
Walnut Creek	Alan Shifman Charles, MD	(510) 937-3331
	Peter H.C. Mutke, MD	(510) 933-2405

COLORADO

Colorado Springs	Sandra Denton, MD	(719) 548-1600
	James R. Fish, MD	(719) 471-2273
	George Juetersonke, DO	(719) 528-1960
Englewood	John H. Altshuler, MD	(303) 740-7771
Grand Junction	William L. Reed, MD	(303) 241-3631

CONNECTICUT

Torrington	Jerrold N. Finnie, MD	(203) 489-8977

DISTRICT OF COLUMBIA

Washington	Paul Beals, MD	(202) 332-0370
	George H. Mitchell, MD	(202) 265-4111

FLORIDA

Atlantic Beach	Richard Armstrong Worsham, MD	(904) 232-3234
Boca Raton	Leonard Haimes, MD	(407) 994-3868
	Eric Hermansen, MD	(407) 392-4920
	Narinder Singh Parhar, MD	(407) 479-3200
Bradenton	Eteri Meinkov, MD	(813) 748-7943
Fort Lauderdale	Bruce Dooley, MD	(305) 527-9355
Fort Myers	Gary L. Pynckel, DO	(813) 278-3377
Hollywood	Herbert Pardell, DO	(305) 989-5558
Homosassa	Carlos F. Gonzalez, MD	(904) 382-8282
Jupiter	Neil Ahner, MD	(407) 744-0077
Lakeland	Harold Robinson, MD	(813) 646-5088
Lauderhill	Herbert R. Slavin, MD	(305) 748-4991

Maitland	Joya Lynn Schoen, MD	(407) 644-2729
Miami	Stanley J. Cannon, MD	(305) 279-3020
	Joseph G. Godorov, DO	(305) 595-0671
	Bernard J. Letourneau, DO	(305) 666-9933
North Lauderdale	Narinder Singh Parhar, MD	(305) 978-6604
North Miami Beach	Martin Dayton, DO	(305) 931-8484
	Marshall Fram, MD	(305) 931-8484
Ocala	George Graves, DO	(904) 236-2525 or (904) 732-3633
Orange City	Travis L. Herring, MD	(904) 775-0525
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There are many more practitioners than those listed here, who can provide the services you require. These practitioners can al¬ ways refer you to one of their colleagues whose offices may be more accessible or offer a therapy that they don't. They very often will direct you to a professional organization in your country which has a complete listing. I am listing individuals that i have person¬ ally met or whose credentials speak well for them.

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Leende	P. van der Schaar, MD	011-31-4959-2232
	Marc Verheyen, MD	011-31-4959-2232
Loenersloot	A. Verbon, MD	011-31-2949-1289
Maastricht	Rob van Zandvoort, MD	011-31-4362-3474
Oudenbosch	E.T. Oei, MD	011-31-1652-17455

Rotterdam	Robert T.J.K. Trossel, MD	01131 10 4126362 4147633
Velp	J.H. Leenders, MD	31-085-642742

NETHERLANDS-ANTILLES

Aruba	Adhemar E. Hart, MD	011-297-8-27263
St. Maarten	Sharon Ruth Brandon, MD	011-5995-53097
	Robert T.H.K. Trossel, MD	011-5995-53097

NEW ZEALAND

Auckland	Maurice B. Archer, DO	011-64-9-524-7743 45 or 48
	R.H. Bundeliu, MD	011-64-9-2746701
	Raymond Ramirez, MD	(09) 872-200
Christchurch	Robert Blackmore, MD	(03) 853-015
Masterton	T.J. Baily Gibson, MD	(059) 81-250
Napier	Tony Edwards, MD	(070) 354-696
Oxford, N. Canterbury	Ted Walford, MD	(075) 86-808
Tauranga	Michael E. Godfrey, MD	(075) 782-362

NORWAY

Svinndal	Arild Abrahamsen, MD	011-9-286065

PANAMA

Panama City	Frank Ferro, MD	011-507-27-4733 ext. 190

PHILIPPINES

Manila	Rosa M. Ami Belli, MD	50-03-23
	Leonides Lerma, MD	57-59-11

	Corazon Macawili-Yu, MD	50-03-23
	Remedios L. Reynoso, MD	50-3-23

PUERTO RICO

Guayanilla, P.R.	Miguel A. Santos, MD	(809) 835-0649
Santurce	Pedro Zayas, MD	(809) 727-1105

SPAIN

Madrid	Dirk van Lith, MD, c/o Prof. Joaquin Prieto	

SWITZERLAND

Geneva	Robert Tissot, MD	(22) 498875
Montreux	Claude Rossel, MD	21-6351-01
Netstal (Glarus)	Walter Blumer, MD	058-61-28-46

TAIWAN (R.O.C.)

Taipei	Paul Lin, MD	(Taipei) (02) 507-2222 Ext. 1003
	Yeh-Sung Lin, MD	886-2-507-8349

VENEZUELA

Puerto La Cruz	Rosella Mazzuka, MD	011-58-81-691272

WEST INDIES

JAMAICA

Montego Bay	H. Marco Brown, MD	011-809-952-3454

ORIENTAL MEDICINE, NATUROPATHIC MEDICINE and NUTRITION

Bastyr College
Natural Health Sciences
144 N.E. 54th
Seattle, WA 98105
Phone: (206) 523-9585

AYURVEDIC PRACTITIONERS:

Scott Gerson, MD
Ayurvedic Medicine of New York
13 West 9th St.
New York, NY 1001
Phone: (212) 505-8971

Karta Purkh Khalsa
Health Ceter
1305 Northeast 45th St., Suite 205
Seattle, WA
Phone: (206) 547-2007
Fax: (206) 547-4240

PRACTITIONERS OF TRADITIONAL CHINESE MEDICINE

Betances Health Unit
281 East Broadway
New York, NY 10002
Phone: (212) 227-8843
Holistically-oriented clinic

Dr. Daniel Hsu c/o Oriental Healing Arts Institute
1945 Palo Verde Ave., Suite 208
Long Beach, CA 90815
Phone: (310)431-3544
Treating Cancer with Chinese Herbs ($12.95) and other materials. Ask for catalog.

Miki Shima, OMD, Lie. Ac.
(Dr. of Oriental Medicine, Licensed Acupunturist)
21TamalVistaBoulevard,Suite 110
Corte Madera, CA 94925
Phone: (415) 924-2910
Fax: (415) 924-5072
Contact: Diana or Brenda.

Dr. Binyan Sun
463 James Road
Palo Alto, CA 94306
Phone: (415) 858-0320
Chinese speaking patients only: (415) 858-2520

Yiwen Y. Tang, M.D., H.M.D.
427 Burns Street
Reno, NV 89502
(702) 329-3927

PRODUCT RESOURCES

There are companies that handle a complete line of products and are indicated as general sources.

Acidophilus

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619) 434-6360
(800) 445-2122
Fax: (619)434-0816

Klaire Laboratories, Inc.
PO Box 618
Carsbad, CA 92008/0010
Phone: (619) 744-9680
or
4 Museum St. York,
YO1 2ES, England
Phone: 0904 52378

Natren
10935 Camarillo Street
North Hollywood, CA 91602
Phone: (800) 992-3233 or
(800) 992-9393

Aloe products

Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Klabin Marketing
115 Central Park West
New York, NY 10023
Phone: (800) 933-9440,
in NY 212-83632
Aerobic's and George's Aloe Vera Juice.

Amino acids

Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888 4585
(510) 827-2636
Fax: (510) 676-9231

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619) 434-6360
(800) 445-2122
Fax: (619) 434-0816

Jo Mar Laboratories
251 East Hacienda Avenue
Campbell CA 95008
Phone: (800) 538-4545 or
(800) 847-8855
Fax: (408) 374-5922

Amygdalin (B-17)

There are only two sources that I would trust in order to obtain bioactive Amygdalin for I.V.:

Andrew McNaughton
c/o The McNaughton Foundation
416 W. San Isidro Blvd.,
Suite L-666
San Ysidro, CA 92173

C.P.W. Rahlstedt
Box 73 0527
D-W-2000 Hamburg, Germany
Apricot kernels are available in health food stores.

Anticoagulants
Leo R. Zacharski, MD
Phone: (802) 296-5149

Antioxidants
Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619) 434-6360
(800) 445-2122
Fax: (619)434-0816

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois, 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Antineoplastons
Burzynski Research Institute
Outpatient Department
6221 Corporate Drive
Houston, Texas
Phone: (713) 777-8233

Arginine (see Amino Acids)
Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

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P.O. Box 2252
Carlsbad, CA 92018
Phone: (619)434-6360
(800) 445-2122
Fax: (619) 434-0816

Jo Mar Laboratories
251 East Hacienda Avenue
Campbell, CA 95008
Phone: (800) 538-4545

Aristolochia Acid (KC2)
C.P.W. Rahlstedt
P.O. Box 73 05 27
D-W-2000 Hamburg 73 Germany

Astragalus (see Herbs)
Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

Kyolic (see Garlic)
Wakunaga of America Ltd.
23501 Madero
Mission Viejo, CA 92691
Phone: (714) 855-2776

Ayurvedic herbs
American Association of
Ayurvedic Medicine
Box 282
Farifield, IA 52556
Phone: (515) 472-5866
Orders: (800) 255-8322

Ayur-Veda Berb Co.
Nature Herbs (a division
of Twinlabs)
Box 336
Orem, UT 84059

Ayush Herbs, Inc.
10025 N.E. 4th Street
Bellevue, WA 98004
Phone: (206) 453-8022
(800) 925-1371
Fax: (206) 451-2670

Maharishi Ayur-Ved Products
International, Inc.
417 Bolton Rd.
Lancaster, MA 01523
Phone: (508) 368-1818
(800) 255-8332

Benzaldehyde
Essential Oil Source
Phone: (800) 289-8427

Dr. Hans Nieper
Sedan Strasse 21,
3000 Hannover 1, Germany
Phone: 49-511-348-08-08

Butyric Acid
Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

ProBiologic Inc.
West Willows Technology Ctr.
14714 NE 87th Street
Redmond, WA 98052
Phone: (800) 678-8218

MAIL ORDER SOURCE OF LAETRILE:
(For intravenous use)
VITACHEM
INTERNATIONAL INC.
241 Hazel
Redwood City, CA 94061

LIVINGSTON-WHEELER
MEDICAL CLINIC
3232 Duke Street
San Diego, CA 92110
(619) 224-3515

C.P.W. Rahlstedt
Box 73 0527
D-W-2000 Hamburg, Germany

ANTINEOPLASTONS (BURZYNSKI):

BURNZYNSKI RESEARCH INSTITUTE
Outpatients Clinic:
6221 Corporate Drive
Houston, TX 77036
(713) 777-8233
(713) 240-5227

Vitamin C

LINUS PAULING INSTITUTE OF SCIENCE AND MEDICINE
440 Page Mill Road
Palo Alto, CA 94306
(415) 327-4064

Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619)434-6360
(800) 445-2122
Fax: (619)434-0816

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois, 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Canthaxanthin

Wholesale Nutrition
P.O. Box 3345
Saratoga, CA 95070-1345
Phone: (800) 325-2664

Chaparral

Tri-Sun North America
109 1\2 Broadway
Box 1606
Fargo, ND 58107
Phone: (800) 477 or
(701) 234-9654

Jason Winter's Tea contains red clover and Chinese herbs in addi¬ tion to chaparral. Chaparral tea as a douche; for the precancerous con¬ dition, cervical dysplasia: four cap¬ sules in a quart of water, covered for fifteen minutes. Strain out the particles and allow it to cool.

Chelation

Chelation should only be adminis¬ tered by a trained professional. See the list under Professional Resource categories for members of The American College of Advances in Medicine.

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619) 434-6360
(800) 445-2122
Fax: (619) 434-0816

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois, 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Chinese Medicines

Pharmacies in Chinatowns of larger cities.

Jian Kang Herbal and Mineral Products
427 Bums Street
Reno, NV 89502
(702) 329-3927

Nuherbs Co.
3820 Penniman Ave.
Oakland, CA 94619
Phone: (800) 233-4307
In CA: (415) 534-HERB
Fax: (415) 534-3484

Tashi Enterprises
3252 Ramona St.
Pinole CA 94564
Phone: (800) 888-9998

Mrs. Tseng's Herbal Tonic Soups
379A Clementina St.
San Francisco, CA 94103
Phone: (415) 441-5505
Fax: (415) 243-0194

Chlorophyll

Life Extension Foundation
Phone: (800) 544-0577

Tri-Sun North America
109 1/2 Broadway
Box 1606
Fargo, ND 58107
Phone: (800) 447-0235 or
(701) 234-9654

Colonic Apparatus

Dotolo Research Corp.
12555 Enterprise Blvd., #101
Largo, FL 34643
Phone: (813) 535-3459
(800) 237-8458
Fax: (813) 535-8384

Specialty Health Products
21636 N. 14th Avenue, Suite A-l
Phoenix, AZ 85027
Phone: (602) 582-4950
Fax: (602) 581-8724

DHEA (Dehydroepiandrosterone)

Belmar Pharmacy
8015 W. Alameda Ave.
Lakewood, CO 80226
(800) 525-9473

College Pharmacy
833 N. Tejon St.
Colorado Springs, CO 80903
(800) 748-2263

DMSO

Natural Health Center
PO Box N-8941
Third Terrace, Collins Avenue
Nassau, Bahamas
Phone: (809) 326-6565

Rimso-50 Research Industries Corporation Pharmaceutical Division
6864 South 300 West
Midvale, UT 84047

Michael B. Schachter, MD, PC, and Associates
Two Executive Boulevard, Suite 202
Suffern, NY 10901
Phone: (914)368-4700

Vitamin E

A. C. Grace Company
1100 Quitman Road
Big Sandy, TX 75755
Phone: (903) 636-4368

Electromagnetic Devices

Alpha Energy Products, Inc.
7027 SW 87th Court
Miami, FL 33173
Phone: (305) 271-8815

Bluestone Clinic
Kay Kiernan
London, England
Phone: 44-71-637-4533

Magne-tec Enterprises Inc.
14 Connie Crescent, Unit 2
Concord, Ontario, L4K 2W8
Phone: (416) 669-1154

Magnetoterapia, S.A. De C.V.
Cerrada de Nicolas Bravo No. 31
Col. San Jeronimo Lidice CP 10200
Mexico, D. F.
Phone: (011) 525-681-1923
Fax: (011) 525-681-1923
(Device developed by Dr. Sodi-Pallares.)

Sun Medical Equipment Centre
Shop 57
102 Railway Parade
West Perth 6005
(City West Village) Australia
Phone: 321 4021
Fax: 321 1569

Enderlein Formulas

Sanum-Kehlbeck
GmbH and Co KG
D-2812 Hoya West Germany

Enzymes

Advanced Medical Nutrition, Inc.
P.O. Box 5012,2247 National Ave.
Hayward, CA 94540

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

Emerson Ecologies
14 Newtown Road
Acton, MA 01720
Phone: 1 (800) 654-4432 or
1 (508) 263-7238

Nicholas Gonzalez MD
730 Park Avenue
New York, NY 10021
Phone: (212) 535-3993

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619) 434-6360
(800) 445-2122
Fax: (619) 434-0816

Ernst T. Krebs, Jr., DSc
John Beard Memorial Foundation
P.O. Box 685
San Francisco, CA 94101
Phone: (415) 824-1067

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Mr. David Sauder, Nutri Supplies
1020 Stony Battery Road
Lancaster, PA 17601
Phone: (800) 999-2700

NutriCology, Inc.
Allergy Research Group
P.O. Box 489
San Leandro, CA 94577-0489
Phone: (800) 782-4274

C.P.W. Rahlstedt
Box 73 0527
D-W-2000 Hamburg, Germany
Source for Wobenzym and Wobe-mugos

Scientific Consulting Service, Inc.
5725 Chelton Drive
Oakland, California 94611
Phone: (415) 531-3246 or
(415) 632-2370

Staff of Life
P.O. Box 1268
Duvall, WA 98019
Phone: (800) 743-7531
Fax: (206) 788-1564

Wakunaga of America Ltd.
2305 Madero
Mission Viejo, CA 92691
Phone: (714) 855-2776

Essiac Formula

Essiac Products Services Incorporated
P.O. Box 1387
Ft. Lauderdale, FL 33301
For information call:
Phone: (305) 786-5221
This corporation holds the exclusive rights for the complete Essiac formula in the United States. What is available in health food stores is not complete.

Essiac International
1081 Ambleside Drive, Suite 2211
Ottawa, Ontario, Canada K2B8C8
Phone: (613) 820-9311
Fax: (613) 820-8455

Essential Fatty Acids

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Fiber

Advanced Medical Nutrition, Inc.
P.O. Box 5012,2247 National Ave.
Hayward, CA 94540

Fish Oil (Fatty Acids)

Advanced Medical Nutrition, Inc.
P.O. Box 5012,2247 National Ave.
Hayward, CA 94540

Aquaculture Marketing Service
356 W. Redview Dr.
Monroe, UT 84754
Phone: (801) 527-4528

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585
(510) 827-2636
Fax: (510) 676-9231

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619) 434-6360
(800) 445-2122
Fax: (619)434-0816

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Mountain Ark Trading Company
Fayetteville, AR 72701
Phone: (800) 643-8909

Flaxseed Oil (see Linseed Oil)

Flutamide

Patient Advocates for Advanced Cancer Treatments, Inc.
1143 Parmalee NW
Grand Rapids, MI 49504
Phone: (616) 453-1477

Food Supplements

Standard Process Inc.
1200 West Royal Lee Drive
Palmyra, WI 53156
Phone: (414)495-2122
(800) 848-5061

Garlic

Advanced Medical Nutrition, Inc.
P.O. Box 5012,2247 National Ave.
Hayward, CA 94540

Arizona Natural Products,
Michael Hanna
8281 E. Evans Road, 104
Scottsdale, AZ 85260
Phone: 602144

Pleasant Groves Farms
Ed or Wynette Sills
P.O. Box 636
Pleasant Grove, CA 95668
Phone: (916) 655-3391

Wakunaga of America Ltd.
23501 Madero
Mission Viejo, CA 92691
Phone: (714) 855-2776

Walnut Acres
Walnut Acres Road
Penns Creek, PA 17862
Phone: (800)433-3998

Germanium

Advanced Medical Nutrition, Inc.
P.O. Box 5012,2247 National Ave.
Hayward, CA 94540

Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Ginseng

Jin Han International Inc.
Brooklyn NY 11211

New York's Chinatown
(Just about anywhere)

Pacific Foods Inc.
Los Angeles, CA 90011

YSK International Corp.
Kyoto, Japan,
and marketed in the US by:
Sun Chlorella
Torrance, CA

Green Tea

The American Health Foundation
1 Dana Road
Valhalla, NY 10595
Phone: (914) 592-2600
Fax: (914) 592-6317

Wah Yin Hong Enterprises
232 Canal Street
New York, NY 10013
Phone: (212) 941-8954

Glandulars and Herbals

Allergy Research Group
PO Box 489/400 Preda Street
San Lenadro, CA 94577-0489
Phone: (415) 639-4572 or
(800) 545-9960

Bio Life
1717 N. Bayshore Drive #1836
Miami, FL 33132
Phone: (305) 375-0200
Fax: (305) 375-0009

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585

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(800) 445-2122
Fax: (619) 434-0816

Miller Pharmacal Group
4563 Prime Parkway Dr.
P.O. Box 1297
Me Henry, Illinois 60050-1297
Phone: (800) 323-2935
Fax: (815) 344-2378

Herbs

Eclectic Institute
11231 SE Market Street
Portland OR 97216
Phone: (503) 256-4330 or
1 (800) 332-4372

Ecological Formulas
1061-B Shary Circle
Concord, CA 94518
Phone: (800) 888-4585

Futurebiotics
48 Elliot Street
Brattleboro, VT 05301
Phone: Karen Reardon at
1 (800) 367-5433

GY&N Nutrient Pharmacology
P.O. Box 2252
Carlsbad, CA 92018
Phone: (619)434-6360
(800) 445-2122
Fax: (619) 434-0816

Jian Kang Products/
Division of Vitaline
P.O. Box 71435
Reno, NV 89570-1435
Phone: (702) 329-3927
Fax: (702) 829-2886

Jones Medical Industries, Inc.
1945 Craig Road
St. Louis, MO 63146
Phone: (314) 576-6100
(800) 525-8466
Fax: (314) 469-5749
(800) 722-3821

Karuna Corporation
42 Digital Drive
Novato, CA 94949
Phone: (415) 382-0147
Fax: (800) 826-7225

Phyto-Pharmica
PO Box 1348
Green Bay, Wisconsin 54305
Phone: 1 (800) 553-2370
Fax: (414) 437-4087

Pro Natura
7616 Lindley, Suite 9
Reseda, CA 91335
Phone: (818) 706-0147

Solaray
2815 Industrial Drive
Ogden, Utah 84401-9983

Yerba Prima
PO Box 2569
Oakland, CA 94614

Herbs and Spices

Eclectic Institute
11231 S.E. Market Street
Portland, OR 97216
Phone: (800) 332-4372
An affiliate of the National College of Naturopathic Medicine. It also makes herbal tinctures. Catalogue available. Provides freeze-dried extracts.

Homeopathics

Bioenergetics, Inc.
39084 Proctor
P.O. Box 127
Sandy, OR 97055
Phone: (503) 668-7478
(800) 334-4043

Biological Homeopathic Industries
11600 Cochiti S.E.
Albuquerque, NM 87123
Phone: (505) 293-3843
(800) 621-7644
Fax: (505) 275-1672

HOM.INT.
P.O. Box 410240
D-7500 Karlsruhe, Germany
Phone: (49) 721 4093 228
Fax: (49) 721 4093 602

Similia Laboratories, Inc.
Editorial Staff: Luc Chaltin, ND

Standard Homeopathic Co.
210 W. 131st St.
Box 61067
Los Angeles, CA 90061
Phone: (800) 624-9659 or
(213) 321-4284
Fax: (213) 516-8579

Hoxsey Formula

Bio-Medical Center
clinic is in Tijuana
P.O. Box 727, General Ferreira 615
Col Juarez, Tijuana, B.C. Mexico
Phone: (706) 648-9011

Lenex Laboratory
PO Box 358
Watersmeet, MI 49969
Phone: (906) 358-4802
Product similar to Hoxsey's external salve.

Hydrazine sulfate

Dr. Joseph Gold
Syracuse Research Institute
600 East Genesee Street
Syracuse, NY 13202
Phone: (315)472-6616

Ms. Donna Schuster
Great Lakes Metabolics
1724 Hiawatha Court, NE
Rochester, MN 55904
Phone: (507) 288-2348

Syracuse Cancer Research
Institute Inc.
Presidential Plaza
600 East Genesee Street
Syracuse, NY 13202
(315) 472-6616

Iscador

Society for Cancer Research
(Swiss Anthroposophic
Organisation) in Arlesheim,
Switzerland

Rudolf Steiner
Fellowship Foundation
41 Hungry Hollow Road
Spring Valley, NY 10977
Phone: (914) 356-8494/9146835

The Lukas Klinik
CH-4144 Arlesheim, Switzerland
Phone: 41-61-72-3333

Dr. H. B. von Laue
Klinik Oschelbronn, Am Eichhof
753 Niefem-Oschelbronn 2,
Germany
Phone: 0 72 33 6 80
Fax: 0 72 33 6 81 10

Juices *I* Dehydrators

Gibson's Healthful Living
215 Exit Inland Ctr. Dr.
570 South "E" Street
San Bernardino, CA 92408
Phone: (714) 889-3081
(800) 388-6844

Kombucha

Samia R. Cunningham
3111 Raven Rd.
Orlando, FL 32803

Lactobacillus

Advanced Medical Nutrition, Inc.

P.O. Box 5012,2247 National Ave.
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David Steenblock, DO
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El Toro, CA 92630
Phone: (714)770-9616

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Cartilage USA Sales, Inc.
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Port Chester, NY 10573
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Carle Clinic, University of Illinois
602 West University
Urbana, IL 61801
Phone: (217) 383-3010

Dr. Jamie H. von Roenn
Department of
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Northwestern University
Medical School
233 East Erie, Room 700
Chicago, IL 60611
Phone: (312) 908-5284

Methylene blue
Health Enhancement Services, Inc.
30 West Mashta Drive
Key Biscayne, FL 33149
Phone: (305) 365-9000
Star Pharmacuticals
1990 N.W. 44th Street
Pompano Beach, FL 33064
Phone: 304-971-9

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PO Box 6380
Fort Worth, TX 76115
Manufactures Urised (reg),
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Canal Street
New York, NY 10013
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(201) 612-0097

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10 Mountain Springs Parkway
Springville, UT 84663
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2903 NW Platte Rd.
Riverside, MO 64150
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(800) 637-7893

Ortho Molecular Products, Inc.
565 N. Walworth Rd.
Walworth, WI 53184
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Alfacell Corporation
25 Belleville Avenue
Bloomfield, NJ 07003
Phone: (201) 748-0882
Fax: (201) 748-1355

New York Medical College
Department of Oncology
Munger Pavilion, Room 250
Valhalla, NY 10595
Patent Contact:
Dr. Mittleman or Dr. Chun
Phone: 9148374
Fax: (914) 993-4420

The Thompson Cancer
Survival Center
Knoxville, TN
Principal Investigator:
Dr. John Costanzi
Patent contact: Jan Miller
Phone: (615) 541-4966

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Nordring 8, 76473
Iffezheim, Germany
Tele: 07229/30 46 0
Fax: 07229/30 46 30

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Concord, CA 94518
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Fax: (310)371-8177

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Phone: (800) 367-5433

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(800) 445-2122
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Fax: (714)951-7235

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(800)514-5115
Fax: (714) 582-8461

American Biologies
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Chula Vista, CA 91911
Phone: (619) 429-8200
USA: (800)227-4473
Fax: (619) 429-8004

Apothe'Cure, Inc.
13720 Midway Rd., Suite 109
Dallas, TX 75244
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(800) 969-6601
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Fax: (602) 443-4775

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Colorado Springs, CO 80903
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Lighthouse Point, FL 33064
Phone: (800) 822-5388
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INFORMATION RESOURCES

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Inti. Society for
Preventive Oncology
217 East 85th Str. 303
New York, NY 10028
Phone: (212) 534-4991

World Institute of
Ecology and Cancer
Rue de Fripiers 24 bis B-1000
Bruxelles, Belgium
Phone: (32 2) 219 08 30

European Society for
Psychosocial Oncology
Service d'Hematologie, Hotel-Dieu
Place du Parvis, Notre-Dame,
F-75181 Paris
CEDEX 04 France

International Psycho-oncology
Project
Bergstrasse 10, D-2900
Oldenburg, Germany
Phone: (49 441)1 31 47

World Health Org.,
Melanoma Program
Instit. Nazionale Tumori,
Via Veneziana 1
1-20133 Milano, Italy
Phone: (39 2) 29 39 92

Inti. Comm, for Protection Against
Environmental Mutagens &
Carcinogens,
Medical Biological Laboratory,
TNO
P.O. Box 45, 2280 AA
Rijswijk, Netherlands

American Assoc, of
Orthomolescular Medicine
7375 Kingsway Burnaby
British Columbia, V3N3B5 Canada

American College of
Advances in Medicine
231 Verdugo Drive, Suite 204
Laguna Hills, CA 92653
Phone: (714) 583-7666

Alternative Cancer Therapies
2043 N. Berendo Street
Los Angeles, CA 90027
(203) 663-7801

Arlin J. Brown Information Center
PO Box 251
Ft. Belvoir, VA 22060
Phone: (703)451-8638

Cancer Control Society
2043 N. Berendo St.
Los Angeles, CA 90027
Phone: (213) 664-7801

Can Help
3111 Paradis Bay Road
Port Ludlow, WA 98365
(206) 437-2291

Comm, for Freedom of Choice
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1180 Walnut Ave.
Chula Vista, CA 92011
Phone: (800) 227-4473
Fax: (619) 429-8004

European Institute for
Orthomolecular Sciences
P.O. Box 420, 3740
A.K. Baarn, Holland

Foundation for Advancement
in Cancer Therapy
Box 1242, Old Chelsea Sta.
New York, NY 10113
Phone: (212) 741-2790

Gerson Institute
PO Box 430
Bonita, CA 91908
Phone: (619)267-1150
Fax: (619) 267-6441

Inti. Academy of Nutrition and
Preventive Medicine
PO Box 18433
Asheville, NC 28814
Phone: (704) 258-3243
Fax: (704) 251-9206

Inti. Assn, of Cancer Victors & Friends
7740 W. Manchester Ave., No. 110
Playa del Rey, CA 90293
Phone: (213) 822-5032
Fax: (213) 822-5132

We Can Do!
1800 Augusta, Ste. 150
Houston, TX 77057
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Ontario Naturopathic Association
4195 Dundas Street West
- Suite 213
West Toronto, Ontario
M9X 1X8 Canada
(416) 234-5560

People Against Cancer
Box 10, Otho, IA 50569
Phone: 1 (515) 972-4444
Fax: (515) 972-4415

Simonton Cancer Center
PO Box 890
Pacific Palisades, CA 90272
Phone: (213) 459-4434

Biological Homepathic Industries
11600 Cochiti S.E.
Albuquerque, New Mexico 87123
Phone: (800) 621-7644 or
(505) 293-3843
Fax: (505) 275-1672

Wright/Gaby Nutrition Institute
PO Box 21535
Baltimore, MD 21208

Academy of Orthomolescular Medicine/Huxley Institute
PO Box 1731
Boca Raton, FL 33429

American Academy of Environmental Medicine
PO Box 16106
Denver, CO 80216

Journal of Orthomolescular Medicine/CFS, 16 Florence Ave.
Toronto, Ontario,
M2N 1E9, Canada
Phone: (416) 773-2117

Price-Pottenger Nutrition Foundation
PO Box 2614
La Mesa, CA 92044-2614

National Health Federation Legislative Advocates
Box 528
Gainesville, VA 22065-0528

Coalition for Alternatives in Nutrition and Healthcare, Inc. (CANAH)
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and Research
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Oakland, CA 94618
Phone: (415) 420 8791

The Life Extension Foundation
PO Box 229120
Hollywood, Florida 33022-9120

James W. Prescott, Ph.D.
Biobehavioural Systems
5175 Luigi Terrace 35
San Diego, CA 92122

APPENDIX

Sample letters (telegram) to the Congress, Senate, Parliament or appropriate officials and representatives of your government

(You should write it in your own words if possible)

Dear

I strongly support an investigation of the possibility of a major fraud in relation to the entire so-called AIDS crisis. Many of the world's most prominent researchers have raised serious questions as to its cause, treatment and research difficulties. It appears that the epidemic may have nothing to do with a virus, but is, in reality, an expression of excessive drug use, both medically and illegally in the "street". Please read the enclosed paper which documents the major discrepancies and distortions upon which the hypothesis is based. Drs. Peter Duesberg (U. of Cal., Berkeley) and Charles A. Thomas, Jr. (Harvard) head a group of over five hundred scientists who are demanding a re-evaluation. Officials in government agencies, who have a substantial financial interest in AIDS testing, have used the most disgraceful tactics to prevent an investigation into this matter. If the suspicions are true, and the evidence is overwhelming, many billions of dollars are being wasted and many individuals will die from inappropriate treatment.

Sincerely,

(If you wish to pass on what you have learned, send your copy of this book and add the following post-script)

P.S. Please read the enclosed book
Deadly Deception

Dear

I strongly urge a reevaluation of the AIDS hypothesis. Evi¬dence has been presented by leading scientists that: AIDS is not caused by a virus, but by malnutrition and drugs; the drug, AZT, was fraudulently released for use and is hastening death; the AIDS test is completely invalid. The serious implications demand a thor¬ough investigation.

Sincerely,

The following pages contain a letter to my colleagues in the practice of medicine. I invite you to read it because I am hoping you will pass it on to the physicians in whose care you entrust your health.

His comments will tell you whether he is a thinking scientist, a leader; or whether he possesses the mentality of a mindless follower.

I have included a few letters to the Editor of the *LONDON TIMES.* They were written during my stay in Costa Teguise, Lanzarote, Canary Islands, Spain, while I was writing a final draft of this book. There are letters to President Clinton and to Hillary Rodham Clinton, who headed the health reform task force. It is the volume that counts, so get out your pen and jot down a few meaningful lines — it will make a difference!

CORRESPONDENCE

Robert **E.** Willner
4001 NORTH OCEAN B LVD.
SUITE 1503
BOCA RATON, FL 33431

1994

Dear Colleague,

It is my firm belief that most physicians, like myself, entered the field of medicine because of an intense desire to spend our lives in a meaningful and gratifying endeavor. I perceived medicine as a profession of science, compassion, and dignity, which would bring the honestly earned rewards of respect, honor and a relatively comfortable life. I believed that it was a profession that fostered independent thought, creativeness and innovation, deeply rooted in integrity. I naively trusted that medicine rose above avarice, politics, fraud and vindictiveness. During the thirty-five years that I practised medicine, I have been privileged to work with many dedicated physicians and was honored by the opportunity to serve the profession as lecturer, president of medical associations, societies, boards and hospital staffs.

I made the decision to leave practice, so I could write, do research, actively fight for informed freedom of choice for patients, I wished also to help achieve for physicians, the freedom to include in the practice of medicine, homeopathics, herbs, vitamins and supplements in the prevention and treatment of disease. The political forces or organized medicine are disgracing our profession by dishonorable and unethical tactics aimed at the thousands of physicians who are repulsed by the many dangerous and ineffective drugs fostered on us by an unholy alliance with the pharmaceutical industry. More patient visits were made to practitioners of alternative therapies last year, than to medical family physicians. The reason: the public is disillusioned and disappointed in our ability to treat them. Their thought processes are not hindered by the intense beliefs brought about by our allopathic indoctrination. Many of us believe that ours is the only way, that we are at the cutting edge of science. Have we lost the ability to think with an open mind as a scientist should? Have we become so arrogant that we denounce even those things about which we have little or no knowledge?

TEL: (407) 750-0428 / FAX: (407) 394-2336

I, like many of you, have seen incredible advances in technology. The medical profession excels in it genius in dealing with emergency and surgical problems. It may astound you to know, that when dealing with the remaining ninety percent of medical problems, we are largely ineffective. In claiming sole rights to so-called state-of-the-art science, we conveniently ignore the fact that more than eighty percent of our therapies have never been double-blinded. Yet we deny to our colleagues the right to practise treatments that were used by Hippocrates and the physicians of the East, which have persisted for thousands of years. We have been denied access and exposure to these therapies because "they have not been proven". Because of this hypocrisy and self-imposed imprisonment of the mind, our patients suffer and we are denied the gratification of providing successful care. For many of us, this was the main reason we became doctors!

Unfortunately, we have seen the growth of stifling bureaucracy and control, often from within our own ranks or imposed by government. The inevitable consequences of such circumstances are the loss of freedom of thought and creativity, the suppression of innovation or the tyranny of a few whose beliefs seek to hold us hostage. This, in turn, reaps even greater evils; the opportunity by the establishment to perpetrate fraud with impunity, resist inspection, defy challenge and reverse progress.

A travesty of science and medicine has occurred in the past decade, of such dimension and incredulity, that your first impulse will be to dismiss any and all criticism. This indeed, was the belief of its perpetrators and thus far, they have succeeded. Because of the inherent trust that we place in our fellow scientists, we were easily led down a deceptive path because it was decorated with the primrose flowers of arcane scientific jargon with which many of us may not have been adequately familiar. Such is the case with AIDS — the so-called "Epidemic of the Century". Please read *Deadly Deception* (Why Sex And The Virus Absolutely Do Not Cause AIDS). It is fully referenced, factual and will astonish you. I implore you, do not dismiss this as something that will not be changed by your input. The names of the individuals, who seriously question the HIV-AIDS theories, read like a "Who's Who" in science. They include:

Dr. Peter H. Duesberg, Professor of Molecular Biology, University of California, Berkeley, CA; international authority on retroviruses; member of the National Academy of Sciences and recipient of its highest honor;

Dr. Charles A. Thomas, Jr., Harvard Biologist, founder of The Group for the Scientific Reappraisal of the HIV-AIDS Hypothesis;

Dr. Kary Mullis, Biochemist; 1993 Nobel Laureate, inventor of PCR, the Polymerase Chain Reaction, which is the most accurate measure of the presence of viruses;

Dr. Robert Root-Bernstein, Professor of Physiology, Michigan State University, leading authority on AIDS;

Dr. Gordon Steward, Emeritus Professor of Public Health, University of Glasgow, World Health Organization consultant on communicable diseases,

Dr. Joseph Sonnabend, pioneer AIDS researcher, founder of the AIDS Medical Foundation — and many more!

At this writing, the number of prominent scientists exceed five hundred. The reputation of American medicine has been placed in great jeopardy by dishonest and greedy scientists who wield astonishing power because they have linked very influential government agencies into their fraud. We in medicine have been deprived of an unbiased forum because the detractors have been denied access to medical meetings. It is now up to physicians and their patients to demand a complete and open investigation by the Congress of the United States, so that the opposition can be heard. This action will serve to exonerate medicine from complicity in this contemptible affair.

Your respectful colleague,

Robert E. Willner, M.D., Ph.D.

ROBERT E. WILLNER, M.D., Ph.D.

The Editor
The *TIMES*

1 Pennington Street
London El 9XN
United Kingdom

20 August 1993

Dear Sir,

On August 10, an interview with Dr. Michael Merson, Executive Director of the World Health Organization's program on AIDS, made many statements attributed to him which are misleading and false. Without repeating all of Dr. Merson's comments, my remarks of fact will make obvious the issues which I am contradicting.

1. In spite of the 60,000 papers that have been written about the 25 diseases which have been lumped under the AIDS umbrella, not one is a "reference paper" (one which **proves** the **hypothesis** that HIV causes AIDS).

2. The major causes of Acquired Immune Deficiencies (Syndrome) have been listed in principal medical texts for over 60 years. They are:

   Starvation and malnutrition (Africa);

   Drugs —both illicit and medical i.e. cocaine, heroin, marijuana, AZT, amyl nitrite ("poppers"), chemotherapy etc. (mostly in Europe, USA and other industrialized nations). Radiation ~~me~~dical, industrial and environmental.

3. These causes correspond 100% with the differences and etiological circumstances present in each country on the globe.

4. HIV (the virus that supposedly causes AIDS) is found in only 20% of the cases of AIDS, and never, even in patients on the brink of death, in amounts sufficient to cause disease.

5. The epidemic had failed to materialize, and did not increase until 5 more diseases were added. Still, it has never met the predictions that have been made. With world-wide recession, the numbers will likely expand due to increases malnutrition and starvation in Africa and drug use everywhere else as a response to despair, and the medical administration of AZT (which causes AIDS – see drug insert).

6. In view of the fact that it takes an average of 1,000 acts of intercourse to transmit the virus (if one still insists in believing an unproven hypothesis), it is etiologically impossible to have an epidemic with those statistics. Dr. Merson states that the debate about whether HIV causes AIDS was pointless and unhelpful and then is quoted as saying "There is no question that people with AIDS are people who are infected with HIV". Not only are his facts a blatant lie, but he is ignoring the truth that some of the most prominent scientists in the world, including Dr. Peter Duesberg, the world's #1 virologist, who not only question that HIV causes AIDS, but emphatically state that it cannot! Dr. Merson continues, "Continuing to doubt that HIV is the cause of AIDS or that it spreads through sexual intercourse, homosexual and heterosexual, feeds the denial and complacency that have hampered our global efforts."

I would suggest and emphasize that the worst scientists are those who;

a. Accept an hypothesis that has not been proven and practice science by popular vote.
b. Refuse to re-evaluate their position in the light of the hundreds of contradictions evidenced by fact and the discrepancies that constantly arise with reference to an hypothesis originally put forth by virologist, Robert Gallo, whose papers on the hypothesis have been declared fraudulent and who has admitted to taking the credit away from another scientist. That dispute had to be settled quietly by the Presidents of the USA and France. But, as Dr. Duesberg puts it, it was merely an argument as to "who stole the fake diamonds".

c. Continue to spend billions in searching for a vaccine that is unnecessary. The purpose of a vaccine is to stimulate the production of antibodies and the "AIDS test" is based on the fact that antibodies **are present,** thus we are seeking to produce what we already have! In other words, AIDS is the first disease in the history of medicine in which immunity means you are going to die from it!

d. Malign and hurl epithets at those respected, brilliant and trustworthy scientists who, at great risk and without any possible gain for themselves seek only adherence to sound and time-tested scientific demands of proof and logic.

I would like to remind Dr. Merson, that a true scientist would welcome the opportunity to resolve intelligently, with the incred¬ible scientific techniques and tools available, the serious plethora of evidence raised by scientists of great standing and reputation. Drs. Peter Duesberg (Berkeley), Charles A. Thomas (Harvard), Kary Mullis (Nobel Prize contender), Gordon Stewart (British epidemiologist, World Health Organization) Joseph Sonnabend (founder, Aids Medical Foundation) and Harvey Bialy (Editor, *Bio/Technology),* are just a few of the hundreds to whom I refer. Might I also suggest to the honorable Dr. Merson that, if he reviews the scientific literature, he will find that the evidence implicating HIV as the culprit in AIDS is circumstantial and extremely poor at best. It could not be convicted in a court of law and certainly not in a court of science. In the interests of science and humanity, why does he insist on name-calling instead of a fair trial?

The incredible truth is that the Gallo's and the Merson's of science, either by intent or ignorance, are now responsible for the greatest crime of all time: Millions are dying and will die because attention is drawn away from the real causes, i.e. drugs, starvation and AZT!

I respectfully ask that *The Times* review the many articles that have been printed over the past five years. You will find that the advocates of the AIDS hypothesis offer mostly opinions in the form of "we believe", "we suspect", "it appears" and "we think". Those that disagree present the facts which demonstrate the absurd and untenable proposition of the AIDS hypothesis. It is my plea that you take a courageous journalistic lead in demanding a public

forum in the interests of humankind, whom you strive to serve. Let the *TIMES* print an ongoing dialog of fact, not opinion, between the adversaries. Ask Dr. Duesberg on the one hand, and Drs. Gallo or Merson on the other, to represent the opposing groups. When the facts have been brought to light and the incredibly wild specula¬ tions have been exposed and disposed of, it is my profound belief the public will be a better jury in determining the truth than scien¬ tists who have a vested interest in perpetuating this outrageous criminal scandal. It is my bet that Gallo and Merson will refuse. They will avoid the risk of exposure with the usual excuse of the guilty. They are public servants and the public must demand their compliance!

Respectfully,

Robert E. Willner, M.D., Ph.D.

ROBERT E. WILLNER, M.D., Ph.D.

The Editor
The *TIMES*

1 Pennington Street
London El 9XN
United Kingdom

7 August 1993

Dear Sir,

It was with great admiration for your long tradition of honest, courageous and comprehensive reporting that I read your banner headline of 1 August 1993; "New doubts over AIDS infection as HIV test declared invalid". It is fitting that *The Times* be one of the few newspapers in the world to report the unfolding of the worst scientific scam in medical history. The so-called AIDS epidemic has never materialized because it is nothing more than what was originally twenty diseases that has now been expanded to twenty-five diseases. If it is intended to continue to dupe the public they will soon include all known diseases and it can then be said that everyone is dying of AIDS.

In fact, for the past six decades the causes of Acquired Immune Deficiency Diseases has appeared in most authoritative medical texts. If I may paraphrase the ubiquitous and respected *Merck Manual* (1952 edition), the causes cited are: **Malnutrition, drugs (medical and illicit), radiation, chemotherapy and toxic chemicals.** This clearly explains why AIDS is so many diseases in Europe and the USA and only three symptoms in the third world countries of Africa, Haiti, etc.

The primary cause of AIDS is the abuse of illicit drugs in affluent countries and malnutrition in those that are poor. This is the only logical and sane explanation for the apparent contradiction of the statistics confirmed by every authoritative agency in the world, including the UK, USA and the World Health Organization. I refer to the "annual conversion rate", which tallies the risk of developing AIDS if one is HIV positive. According to the figures, an individual who is HIV positive and lives in the USA or Europe, stands a ten times better chance of survival if they move to Haiti and a twenty-times better chance of survival if they move to Zaire! The reason for this, is, of course, that people in Haiti and Zaire cannot afford drugs. Malnutrition takes a longer time to destroy the immune system than do drugs. A reference paper, that which establishes an hypothesis as proven, does not exist for the AIDS hypothesis. I will gladly pay $1,000.00 to anyone who can produce just one. I have spent more than a year in diligent research in writing *Deadly Deception* which is completely backed by scientific articles. Of the more than sixty thousand AIDS-related papers that have been produced in the past eight years (there is a lot of grant money available), not one establishes HIV as the cause of AIDS! The original hypotheses is so untenable, that at least forty more have been formulated in an attempt to explain all its discrepancies and contradictions. One brilliant comment by Dr. Robert Gallo, the man who admittedly usurped credit for the discovery of HIV and whose original papers on which the hypothesis is based, and have been declared fraudulent, was to claim that HIV was "an intelligent and mysterious virus". It would have to be, how else could it know whether you were white or black, living at home in Zaire or working in the United States with a permit?

It is virtually impossible to have an epidemic from sexual transmission of a disease, when it takes from between five hundred

to a thousand acts of intercourse to supposedly pass it on. This could be considered an extremely remote possibility if you first proved that the virus caused anything at all. I could go on with scores of contradictions and fantasies on which the AIDS hypoth¬ esis is based, but you would have to reprint my manuscript which will be published shortly.

Meanwhile, your excellent journalism will help focus attention on the real causes of AIDS, and thus save millions of lives by alerting the world of the true causes and the obvious solutions for the AIDS problem. In deep gratitude I remain,

Sincerely indebted,

Robert E. Willner, M.D., Ph.D.

ROBERT E. WILLNER, M.D., Ph.D.

President Bill Clinton
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mr. President, Date

More than one hundred of the world's most prominent scien¬ tists headed by Dr. Charles A. Thomas, Professor of Microbiology at Harvard University, have formed The Group for the Re-evalua¬ tion of the AIDS Hypothesis. This group of respected scientists have been denied access to advertising in the press and some of its members, highly honored in the field of research, have not had their grants renewed.

Evidence is mounting that the so-called AIDS virus has nothing at all to do with AIDS. There is strong evidence that Dr. Robert Gallo of the NIH, who falsely claimed credit for discovery of the virus and who was responsible for it being named as the AIDS virus, has done so without one iota of scientific proof.

The cost of what may be the greatest medical scandal in history, is not only countless billions of dollars lost in misdirected research,

it diverts attention away from the known causes of acquired immune deficiencies (see the *Merck Manual* — the doctor's "bible"): Acquired Immune Deficiency Syndrome is **caused** by many known **proven** factors: in particular, **recreational drugs,** medical drugs, polluting toxins, radiation, diet and cigarettes—either alone or in combination. By diverting attention away from the established causes of AIDS, the objectives that you and V.P. Al Gore have targeted, will be deeply undermined.

Enclosed is the manuscript of a book which I have submitted for publication. It is a completely documented expose of what is, without question, criminal fraud. The corruption in the scientific and medical private sectors and branches of government is a major factor in our national debt.

I extend my most profound wishes for success in your gallant endeavors on behalf of our country. I would be honored to help and serve in any way I can.

Respectfully,

Robert E. Willner, MD, PhD

ROBERT E. WILLNER, M.D., Ph.D.

Hillary Rodham Clinton
Chairperson, Health Care Reform
The White House
Washington, D.C.

Dear Madam Chairperson, Date

There are extremely important and necessary steps to reduce the exorbitant costs, ineffectiveness and inefficiency of our health care system which is the single greatest contributing factor to our economic problems and the rising budget deficit. Very little benefit is derived from the incredible amount spent as compared to most countries in the world and the quality is appreciably lower. I wish to bring to your attention factors which are being ignored because of the influence of the medical establishment.

The following are key steps that must be taken:

1. Stress preventive "medicine", in particular the **natural** means of preventing disease (minimal cost).

2. Eliminate the establishment medical monopoly which by its arrogance, ignorance and political influence, holds a stranglehold on scientific thought, theory and practice. Homeopathics, herbs, vitamins and supplements are being unfairly removed from public use by the unprincipled action of the FDA, which clearly favors the largest pharmaceutical companies. The requirements of the FDA and allopathic doctrine are so absurd that they cannot be financially met by most companies of lesser size and certainly not by the individual practitioner.

3. Put an end to the harassment of medical physicians and others who advocate non-drug therapies and have long educated their patients in wellness. As a medical doctor who over a thirty-year-period made a gradual transition in favor of alternative (natural or Hippocratic) therapies, I can attest to their effectiveness, safety and cost effectiveness. These techniques, for example, are solely responsible for the only successful reported AIDS "cures". Many physicians who refuse to adhere to the "accepted" use of dangerous drugs such as AZT, which actually causes AIDS (see package insert), and use instead safe, natural and effective methods, have been subjected to administrative hearings resulting in a suspension of their licenses to practice. The establishment uses smear tactics, labels and the use of administrative hearings, controlled by them, to silence dissenting voices. This results in the suppression of effective alternative therapies in the management of disease. The FDA requires "double blind" proof of centuries old natural therapies while eighty percent of allopathic medical practices have never been double-blinded and are allowed.

4. Eliminate the hundreds of common, expensive and ineffective procedures frequently utilized because they are "the only thing available" according to "orthodox medicine".

Any commission appointed to review efficacy must not be self-serving, and therefore should include physicians who have challenged the "sacred cows" of the establishment in the past. Many have fine reputations and have been members of respected institutions.

5. Put an end to the corruption in the FDA which consistently removes from public access all effective natural therapies. This increases medical costs by forcing the use of dangerous drugs which can only be obtained by prescription and results in greater hospital use. This despicable situation is best exemplified by the removal of the essential amino acid, **Tryptophan,** from store shelves because of a contaminated batch imported from Japan. The FDA has not returned the uncontaminated product to the shelves. Tryptophan is a natural required amino acid of the body which is obtained from many foods, notably milk and tuna fish. It has long been known to promote healthy natural sleep. Tens of thousands of individuals who used this natural, non-addictive product are now forced to spend money at a physicians office in order to spend even more for an addictive drug in order to get a good nights' sleep. Compare the action of the FDA when a batch of Tylenol was contaminated: only the contaminated batch was removed from the shelves. The ineptness and corruption is obvious. Surely the FDA was aware that Tryptophan itself (an essential amino acid) cannot be toxic to the body. After millions of bottles have been sold over many years, the sudden appearance of a toxic reaction could only have been caused by contamination of a specific batch.

6. Grant an equal voice and public access to different alternative therapies. **If freedom of informed choice in health care is made a** *right,* as it should be, then **costs will decline and quality will rise. More visits were made to alternative physicians than to establishment (allopathic) family practitioners during 1992. These visits are not reimbursed by insurance, private or government, yet they result in far less costs and hospitalization.**

I urge you to call a Conference on Alternatives to Allopathic Medicine for the purpose of establishing official government recognition. Representatives of all the varied disciplines of the **natural** or **holistic** schools, as well as **complementary** physicians **(M.D.'s** and **D.O.'s** who combine establishment and alternative therapies) already having their own societies and organizations should be invited to send delegates. While representatives of the allopathic school of thought should invited, the meeting should be chaired by an individual acceptable to all groups, possibly a jurist. I believe that an agreement of all parties, though desirable, is not necessary. The biases are actually a virtue, because they indicate that the experts have gathered sufficient information to form an opinion with some bias. I doubt if a totally unbiased group could ever come to any effective decision, if decision is what is desired. A conference of strongly opposing biases would ensure the preparation of minority reports on both sides as needed. Otherwise one would expect some form of one-sided whitewash as has indeed occurred in the past. In any case, the health and welfare of the people will benefit because the purveyors of health care will be wiser and more competitive in providing the best there is.

Permitting informed freedom of choice in health care could result in annual savings in the order of 100 to 200 billion dollars. By eliminating unnecessary procedures, fraudand overutilization, in addition to instituting competitive alternatives to the current allopathic system, makes the estimated savings realistic. This can be best accomplished when the government and insurance companies accept patients claims for alternative therapies on an equal basis with allopathic medicine.

I do hope you will give an ear to the beat of a different drummer and take advantage of my sincerity, knowledge and experience. I am currently involved in writing and research, however, I am anxious to assist you in any way possible at my expense. I have enclosed my curriculum vitae for your consideration.

You and the President have my sincere and profound wishes for success in the difficult tasks confronting you.

Respectfully,

Robert E. Willner, **M.D., Ph.D.**

ABOUT THE AUTHOR...

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CURRICULUM VITAE

ROBERT E. WILLNER, M.D., Ph.D.

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EDUCATIONAL BACKGROUND

1987	University for Humanistic Studies (accredited) Las Vegas, Nevada **Degree: Doctor of Humane Letters (Ph.D, In Nutrition)**
1951-1955	New York Medical College New York City, New York **Degree: Doctor of Medicine**
1948-1951	New York University College of Arts and Sciences, University Heights New York City, New York **Degree: Bachelor of Arts** (Major: Psychology Minor: Biochemistry, Music)
1947-1948	University of Southern California Los Angeles, California Freshman Year toward B.A. degree
1943-1947	Music and Art High School New York City, New York **Degree: High School Diploma,** Music Major

POSTGRADUATE ACTIVITIES

1987	**American Board of Pain Management Specialties Fellow (FABPMS-C)** **American Academy of Neurologic and Orthopedic Medicine and Surgery, Fellow (FAANaOS-Cm)** **American Board of Legal Analysis in Medicine and Surgery, Fellow (FABLAAMS)**
1983	Chelation Therapy Workshop The American Academy of Medical Preventics Reno, Nevada
1979	**The American Board of Family Physicians Recertification**

1976	Postgraduate Institute for Emergency Medical Care University of California, San Diego "Our Inner Conflicts" CE208 School of Continuing Studies University of Miami, Miami, Florida
1974	Second World Symposium on Acupuncture and Chinese Medicine The American Society of Chinese Medicine
1973	The American Association of Sex Educators and Counselors, The American University **Certificate in Sex Education**
1972	**American Board of Family Medicine Diplomate (ABFM-D)**
1961	**Arroyo Academy of Advanced Hypnosis Certification**
1959	**Florida Board of Medical Examiners Certification**
1956	**School of Aviation Medicine** **Basic Certification**
1955	**National Board of Medical Examiners**

POSTGRADUATE PROFESSIONAL CAREER

1959-1989	Private Practice of Medicine, North Miami Beach, Florida
1955-1959	United States Air Force, General Medical Officer, Chief of Emergency Service, Chief of Obstetrical Service, Base Psychiatric Officer
1955-1956	Memorial Hospital, Phoenix, Arizona **Internship**
1954-1955	Flower and Fifth Avenue Hospital New York City, New York **Internship** Bird S. Coler Hospital for Physical Medicine and Rehabilitation **Internship**

SOCIETY MEMBERSHIPS

1989-1991	American Physicians Associations
1985-1991	American College of Advancement in Medicine
1984-1991	American Academy of Neurological and Orthopedic Medicine and Surgery
1962-1987	Southern Medical Association
1983	International Association for the Study of Pain
1983	International Laser Research Academy
1979	German Academy of Auricular Medicine
1979	American Society of Bariatric Physicians
1975	South Florida Council of Medical Staffs
1972	American Institute of Hypnosis

1960	American Medical Association Florida Medical Association Dade County Medical Association American Academy of Family Physicians Florida Academy of Family Physicians Dade County Academy of Family Physicians 1952 Phi Delta Epsilon Medical Fraternity	

HOSPITAL ASSOCIATIONS

1960-1989	Parkway Regional Medical Center, North Miami Beach, Florida -Senior Attending Physician	

HONORS AND SPECIAL ACTIVITIES

1990-1991	American College of Advancement in Medicine	Sergeant At Arms
1989-1991	American Physicians Association	Executive Secretary
1988-1991	American Academy of Advancement In Medicine	Board of Directors
1987-1991	American Board of Pain Management Specialties	Professor & Chairman
1983-1984	International Laser Research Academy	President
	Linda Georgian Television Show	Medical Advisor
1982-1984	Conference on Holistic Medicine Walter Reed Hospital, Wash. D.C.	Lecturer
1977-1984	Concept House Drug Rehabilitation Miami, Florida	Medical Director
1981-1982	Medical Research Laboratories Chicago, Illinois	Medical Director
1980-1982	Oleda Inc. New York City, New York	Medical Director
1980	The Funhouse Motion Company "The Funhouse"	Medical Consultant
	McGill University Medical School	Preceptor

1978-1980	Florida International University	Lecturer
	Univ, of Miami School of Medicine	Lecturer
1979	Paramount Pictures Corporation "Spanner's Key"	Medical Consultant
1962-1979	Dade County Medical Association	Lecturer
1978	Truman Van Dyke Company Medical "Woman In White"	Consultant
1978	Nurse Practitioner Program University of Miami	Preceptor
1977-1978	National Acupuncture Research Society	**Board of Directors**
1974-1977	National Acupuncture Research Society	Faculty
1977	Motion Picture "The Champ"	Medical Consultant
1972-1976	Spectrum House Rehabilitation Center Miami, Florida	Medical Director
1975	South Florida Council of Medical Staffs	**Secretary**
1974	Florida Academy of Family Physicians	**Vice-Pres.**
	American Medical Association Physician, Recognition Award	
	American Academy of Family Physicians, Award Certificate	
1968-1974	Dade County Academy of Family Physicians	**Board of Directors**
1968-1974	Florida Academy of Family Physicians	**Board of Directors**
1973	American Academy of Family Physicians	Charter Fellow
1972	Parkway General Hospital Certificate of Appreciation	Chief of Staff

1971	Parkway General Hospital Dept, of Family Practice	Chairman
1970-1971	Dade County Academy of Family Practice	**President**
1966	City of North Miami Beach, Certificate of Recognition and Appreciation	
1955	Cor et Manus New York Medical College	Award of Distinction
1951	National Student Association New York University	Senior Delegate
	Perstare et Praestare New York University	Honor Society
	Student Council New York University	

POSTGRADUATE EDUCATION

1976-1987 Parkway Regional Medical Center
Continuing Education Seminars - Forty credits per annum

1986 American Academy of Neurologic and Orthopedic Medicine and Surgery "Communication Skills Workshops"
Fifty hours, Las Vegas, Nevada

1986 "Allergy In Practice"
Roche Biomedical Laboratories
Miami, Florida

1975 Advanced Acupuncture Workshop
National Acupuncture Research Society

1974 Intermediate Acupuncture Workshop
National Acupuncture Research Society

1972 Family Practice Review Course
University of Alabama, School of Medicine

PUBLICATIONS

1993 *Deadly Deception,* Peltec Publications Ltd.

The Cancer Solution, Peltec Publications Ltd.

1984 *The Pleasure Principle Diet,* Prentice-Hall, May 1985
ISBN 0-13-683442-6 (225 pages).

The Effect of Low Power on Osteoarthritis of The Hands
IV World Pain Congress
Seattle, Washington 1978

Communicating With The Depressed Elderly Patients
Co-author: Marcia Willner
Continuing Education, November 1978

1974 *Acupuncture Desk Reference*

Touching Is . . .

Acupuncture Wall Charts

Professional Acupuncture Seminar Workbook

LECTURES

Over 250 presentations have been given to the profession and the public. Many radio and television appearances have been taped. A list of most of the lectures is available on request. Some audio and video tapes are also available.

PERSONAL DATA

Date of Birth: June 21, 1929
Place of Birth: New York City, New York

RECENT ACTIVITIES

1989-1993 Retired from the practice of medicine to pursue research in Cancer, AIDS, Chronic Degenerative Diseases and solutions to ecological problems.

Productos Ecologicos De Mexico, S.A. de C.V.,
Medical Ecological Director

1993 Cydel Medical Center for Advanced Therapies,
Consulting Executive Medical Director to update and expand therapeutic program.

Life-Line Consultants
Executive Director
Independent Guidance to the Availability of Therapeutic Solutions to Cancer, AIDS and Chronic Degenerative Diseases

AN INVITATION TO SHARE YOUR KNOWLEDGE

I have tried to present an easy to understand and convinc¬ing explanation of the DEADLY DECEPTION. It is important because so many lives depend on it. However, there are many who will still doubt. I cry for them and wish that I had found more powerful words to save their lives. If you have stronger and more convincing arguments, send them to me I will include them in the next edition.

If you are aware of therapies, techniques, resources and practitioners that I have not included, write to me in care of the publisher, and they too will be included in the next addition.*

This book was finished in mid-December 1993. 1 had hoped it could be a holiday present for you or a loved one. But anytime is a good time to give presents —even to yourself.

GET WELL AND STAY WELL!

* Peltec Publishing Co., Inc.
4400 North Federal Highway
Suite 210
Boca Raton, FL 33431

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AT THE LAST MINUTE... Just as I was putting the finishing touches on my manuscript, I was contacted by a couple who had read about the Lanzarote lecture and the television show. They called and ask if I had the time to advise them on a serious problem involving their daughter. They sent me this letter they had received from her. I wrote in my comments (in bold type and bracketed) and sent it back.

31st October 1993
HALLOWEEN!

Dearest Daddy,

Thank you so much for the fascinating translation of Dr. Willner's claims. There seems to be a lot of uncertainty over the past ten years of research within the holistic doctors and the ortho¬dox - forever battling against each other. 'The Scam' is something I've been aware of for a year or so, and have spent many a time discussing it with Dr. Robert Jacobs (my herb Doctor). He, unfor¬tunately, is not in London at the moment, so I have been unable to ask his thoughts on Dr. Willner's theories, but through our discus¬sions, I know that he has very similar views, and I believe that I am a prime example. However, he does, contrary to my Acupuncturist, believe that things like "pentamodine" (the anti-pneumonia inhala¬tion I take each month) is beneficial. Where as my Acupuncturist disagrees and claims that the side effects will be far more difficult to handle that the pneumonia itself!

My Acupuncturist—Dr. Ira Staebler—says he has heard of Dr. Willner, that he has been injecting himself quite a lot and that his theories are valid. He believes that Dr. Willner is right in saying HIV does not lead to AIDS, but that AIDS comes about to those with a certain life style. Malnutrition, drug users and the decadent lifestyle of countless anonymous lovers, 10 ejaculations per night, etc., etc...Basically those that abuse our bodies' defenses, purpose¬fully or not, as in the case of 3rd World countries.

There are a few questions that, if you have a chance to slip into the conversation, would help clarify my head.

If HIV does not necessarily lead to AIDS, then what does it do? **(nothing!) AIDS** taken for what it means – "Acute **[acquired]** Immune Deficiency Syndrome" – Surely if HIV infects the T4 cells **[our fighter cells]** then we will be bound to contract a disease soon enough? **[It doesn't "attack" and it causes nothing]**

How does one get HIV? **[Who cares? It's drugs and malnu¬trition that causes AIDS]**

If, HIV does not lead to AIDS, then can the Immune system be boosted even with the HIV virus? **[absolutely]**

If so, how? What foods? What supplements? Actually, I prob¬ably know this. **[You probably do—eat right, (organic foods) enjoy life and stop drugs.]**

What is Quilation? **[Chelation – detoxifies, enhances circula¬tion and improves the body's function including the immune response down to the individual cell]**

Are the T4 counts a true reading of one's immune strength? **I** have known that the virus HIV attack these cells. Therefore, the less you have the less they have to attack and when they've attacked them all what then? **[wrong again—get un-brain-washed—T4 counts are general in meaning; concentrate on getting healthier and stop taking tests!]**

Is it possible that I may not have HIV? That, because of a bout of mental disorder, malnutrition, Giardia and Intravenous Salmo¬nella, my immune system had dropped so low that HIV seemed the only answer? I was originally also told I had AIDS; yet I stand now, fitter, stronger and healthier than ever —on a T4 count of 170 —**?! [You may not have HIV, but who cares? The test is notori¬ously invalid and it doesn't make a difference in any case.]**

Is it worth having a test for Factor VIII as this seems to be the cause of AIDS? **[NO! It's the impurities in Factor VIII that are the problem, and if you are not a hemophiliac, and not receiv¬ing transfusions, forget it!]**

Should one be re-diagnosed? **[WHAT FOR?]**

If HIV need not lead to AIDS, then what does it do? **[NOTH¬ING! Well, maybe a mild flu you didn't notice.]**

Does this discovery then bring about a decision between **HIV** and Factor VIH? [No!] Could this be connected to Ira's theory on lifestyle? **[Now you're getting it!]**

I can't think of anymore questions and I've heard many differ¬ ent answers to the ones above, but would be interested to hear what he thinks. This is very exciting and also very complicated for my very un-scientific head!! **[That's what fraud is all about. If doctors have been duped, don't feel too bad that you've been confused. Just get angry and shout it to the media!]**

But, I think what he is claiming, is very similar to what is being mumbled in the underground of HIV and AIDS medicines. The decision between HIV and factor VIII is I think a very important one, which "the powers" have chosen to ignore for fear of "egg on their faces"! **[There is no such decision, and "the powers that be" deserve prison]** The whole thing is a very expensive scarry mess. **[Don't forget deadly!]** I believe the only way is find what you feel best with in the way of medicines and cures - and in my case, its a little bit here and a little from there, to try to find a balance **– (Whatever you do, don't take AZT!)**

Its very exciting that Drs. such as Dr. Willner, are standing up and talking out loud. He HAS to be heard, not only for those contaminated but to lift the stigma that has been unjustly placed on those infected. **[How right you are!]** I tend to believe both Dr. Willner and Ira, that AIDS is brought about by a lifestyle and probably with factor VIII **—** but that leaves me unclear as to what and how HIV works? **(But now you know: Nothing. It sleeps!)**

Exciting things are happening. I am not going to even think of contracting AIDS but concentrate on building up my body's immu¬ nity in a Holistic way, without as much as possible, using any of the drugs prescribed by "the Scam".

Its cold, cold here in London and there always seems a million and one things to do. I have to write a huge, long essay now on my thoughts of the 20th Century American Art Exhibition which was fantastic, by the way.

Yet even with that, there is a huge amount of back stabbing controversy. "Who's to say that what was shown is American Art?" Who are the manipulators? The world powers who want us

to believe only what they would like us to believe? The ones with the money? Help, its all so scarry!!

Anyway, I wish you a happy day and send you lots and lots of love. I look forward to hearing about your conversation with Dr. Willner.

Huge kiss,
Nancy

Thank you for the information once again. It came at a time when I was beginning to doubt my survival! All my sties, coldsores and toothache disappeared within two days of speaking to you— extraordinary how the mind plays. Just don't give in and believe the best. Hope is a fantastic cure!!

NOW YOU'VE GOT IT —— GOD BLESS!

This young lady had been on drugs. She is only one of millions of human beings who was at risk of being slaughtered by this fraud. She's one of the lucky ones.

One life saved —— millions to go.

Demand a complete scientific and criminal investigation now.
Stop the genocide

CLASS ACTION SUIT

KEITH PARK COMPANY IN LONDON
IS INSTITUTING A CLASS ACTION SUIT
AGAINST BURROUGHS-WELLCOME (AZT).

FOR THOSE ASKING TO JOIN
A CLASS ACTION SUIT IN THE UNITED STATES

CONTACT PROJECT AIDS INTERNATIONAL
AT (213) 857-0809.

EXCERPTS FROM THE UNITED NATIONS HUMAN RIGHTS COMMISSION Geneva, Switzerland, 1993

PRESS RELEASE HR/3358 08 MARCH 1993 (afternoon) page 13 Children's Issues – Agenda Item 24...

"KAREN PARKER (International-Educational-Develop¬ ment) said that children in the United States suffered the most governmental disregard of any in the developed world. The United States had a relatively high percentage of children bom to HIV-positive mothers. Studies showed that between two thirds to 87% of those infants would seroconvert to HIV¬ negative within 18 months without any therapeutic interven¬ tions. Unfortunately, many infants were treated with AZT, a drug whose extreme toxicity had been bringing it under scrutiny. According to many researchers, there was no rational reason to give HIV-positive babies that drug the drug itself would surely kill them. The international community, and especially developing countries where AIDS was a crisis situation, needed to have all appropriate mechanisms such as adequate drug monitoring in order to ensure compliance with the most basic right – the right to life.''

PRESS RELEASE HR/3360 09 March 1993 (afternoon) page 14 Science and Technology – Agenda Item 14...

"KAREN PARKER (Intemational_.Educational_.Develop-ment) said the introduction of the chemical substance AZT into HIV-positive but otherwise healthy persons was based on unproven theories that human immunodeficiency virus (HIV) was the direct cause of acquired immune deficiency syndrome (AIDS). It, not AIDS, ultimately resulted in their premature deaths. Based on Dr. Robert C. Gallo's unproven hypothesis that HIV was the sole and direct cause of AIDS, the United States Public Health Service had embarked on a campaign that had continued to state that HIV would be controlled by getting tested for the "AIDS VIRUS'' and starting early intervention in the event of a positive test result. This dogmatic hypothesis based on a person convicted of science fraud and the perpetration of this information by the United States Govern¬ ment was either directly or indirectly responsible for the premature deaths of hundreds of thousands of people world¬ wide. She urged the United Nations to intervene in the dissemination of propaganda with regard to the unfounded hypothesis that HIV was the direct cause of AIDS and to urge a ban on the use of AZT."

Excerpt from *The Daily Telegraph, London,* April 3, 1993
"HIV carriers advised to stop their treatment''
By Peter Pallot, Health Services Staff

"A leading specialist told 13,000 apparently healthy people infected with the AIDS virus yesterday that they would be better off without drug therapy."

Pallot was referring to Professor Tony Pinching, Director of Immunology at St. Bartholomew's Hospital, London.

A paper published by Barbara E. Griffin, Director and Professor of Virology, Royal Postgraduate Medical School, London, in Nature, May, 1990, quoted two microbiologists as saying, "It would irresponsible to produce guidelines on AIDS until an infectious microorganism is identified and the means by which it causes disease are understood. It is only now becoming obvious that infection with HIV does not usually give rise to AIDS."

PROJECT AIDS INTERNATIONAL "AN URGENT APPEAL FOR ACTION" Presented to the United Nations Commission on Human Rights, Feb. 1993

For conventional physicians to discount or discredit alterna¬ tive approaches that have shown scientific viability -based on ego, ignorance, or simple refusal without scientific basis - is wholly irresponsible and clearly indicates a lack of concern for the patient. ... When the threat of AIDS has been reduced to historical reference and truth in science and medicine has been restored, we will then have accomplished what we originally set out to do. *PROJECT AIDS INTERNATIONAL*

"We recognize that denial and resistance to change has been the prevailing attitude during this (AIDS) epidemic's first decade." Ariel Francais, Deputy Director, European Bureau, United Nations Development Programme.

"... promoters of this false hypothesis state that the 'proper monitoring of your T-cells' will assure that you will know at what stage to begin AZT treatment. The current primary measure for early intervention with AZT is when your T-cells (specifically CD4+ helper cells) 'fall to 500 or below on two

consecutive blood tests.' The CDC states (without benefit of scientific reference) that the 'normal' range for CD4+ helper cells in HIV-negative 'healthy' persons is 600 to 1200. However, based on PATs research, given the published information in accredited medical journals* the normal range of CD4+ helper cells for healthy HIV-neg. adults is 237 to 1,817.

Further, in tests completed on US Olympic athletes in 1984, the average range of CD4+ helper cells was between 400 and 600. Certainly, the US athletes were not considered to be unhealthy: yet these are the markers used to instill fear and manipulate HIV-positive persons into taking a toxic chemoth¬ erapy when they are otherwise healthy.

Based on Dr. (Robert C.) Gallo's unproven hypothesis that HIV is the sole and direct cause of AIDS, the US Public Health Service2 has embarked on a campaign of implied terror and misinformation that has continued to state that "HIV, the virus that causes AIDS." can be controlled by... early intervention... with Zivovudine... AZT (which) is cytotoxic, in that it kills—all cells indiscriminately, not just those cells infected by HIV.

Project AIDS International charges that this dogmatic hypothesis based on the findings of a person convicted of science fraud, and the perpetration of this information by the United States Government who continues employing Dr. Gallo is either directly or indirectly responsible for the premature deaths of hundreds of thousands of people worldwide.

When PROJECT AIDS INTERNATIONAL (PAI) asked the Centers for Disease Control (CDC) for scientific verification that HIV, was, in fact, the cause of AIDS, they were told "it was just known" that HIV causes AIDS. No scientific references were cited. Weeks later they received an information packet citing Dr. Gallo's paper from the Journal of Acquired Immune Deficiency Syndromes 1:521-535/1988. Note that this article was published 4 years after Gallo announced his scam. Gallo's paper is the poorest excuse for a scientific document and certainly is not proof that HIV causes any disease.

**** ****** *** ** ***

PAI in *AN URGENT APPEAL FOR ACTION* recognized "that the scientific and medical practices of the United States are accepted without question as an authority in most developing countries, with the same faith that U.S. citizens placed in Dr. Gallo. **If we have been deceived3** it has **surely** cost hundreds of thousands of lives and will ultimately result in the needless loss of millions of lives worldwide. In what

appears to be a conspiracy of profit over life, we wish to call attention to the propaganda of various AIDS educational publications; especially those documents published by the CDC in conjunction with the Pharmaceutical Manufacturers Association[4] (which is also endorsed by the US FDA) and includes the sharing of letterhead with the Pharmaceutical Advertising Council[5]. This appears to indicate an implication of impropriety based on the fact that the US FDA is an enforcement agency charged with the regulation of all legal drugs and, therefore, should maintain a professional distance from private pharmaceutical interests so as to remain an impartial, unbiased oversight agency. This has resulted in a monopoly of manipulation based on an unproven HIV hypothesis which is being marketed by both private and governmental sectors for the sake of financial gain at the expense of human life." (Our democracy is in serious danger if this is not stopped! reW)

In the section **BABIES ARE DYING... AND THEY'RE NOT EVEN SICK!** PAI states:

"An eighteen month study (European)[6]... that of 372 infants born to HIV-positive mothers, only 13% of the infants ever acquired the HIV virus... In the United States[7]... two thirds of infants born to HIV-positive mothers also seroconverted to HIV-negative within eighteen months: again, without therapeutic intervention. From this, one could conclude that the practice of treating HIV-positive infants with AZT - based on 1) tests with questionable accuracy such as the ELISA and/or Western Blot and/or 2) presumptive diagnosis when no clinical illness is present is murder! Murder as used here means 'the introduction of a known toxic substance that ultimately results in the infant's premature death.' The fact that prescribing AZT is considered a 'majority practice' is no defense for the violation for the basic human right to life."

PAI notes that although numerous studies substantiate Wellcome Ltd. claims that AZT "prolongs life" and "enhances its quality" these studies were made possible, directly or indirectly, by grants from the Burroughs-Wellcome Foundation. In their pamphlet "Positive Benefits", Wellcome states "there are no life threatening side effects associated with zivovudine." PAI then lists all the "side-effects" asking if these prolong life or enhance its qualities cancer, bone marrow depletion, anemia

requiring blood transfusions, loss of mental acuity, etc.

PAI ALSO POINTS OUT THAT THE ORIGINAL TOXICITY PROFILE ON AZT WAS FRAUDULENTLY REPORTED8, AND THAT IT IS ACTUALLY 1000 TIMES MORE TOXIC TO HUMAN CELLS THAN WHAT WAS ORIGINALLY CLAIMED9.

PAI concludes with the following statement:

"If action is not taken **immediately** against those who are directly or indirectly responsible for these crimes against humanity through the practice of profit over life, the drug-induced AIDS deaths will, most certainly, reach proportions unparalleled by any natural catastrophe in human history. Even none case of deprivation of this most basic human right - the right to life - should be the concern of all mankind.

PAI PRESS STATEMENT:

The patient is not dying of the unproven destruction of human cells by HIV, but by the proven effect of AZT. Therefore, we state that the use of AZT is both (a) cruel treatment and (b) fulfills the fact of clean torture. We state **"cruel treatment"** because the patient has been given a death sentence based on the unproven hypothesis of HIV=AIDS =DEATH and the patient cannot escape the physicians authority (also known as a "fear trap") that the patient must take AZT.

We state **"clean torture"** because the death caused by AZT will be said that it was the prognosed death caused by HIV infection. The result is a "self-fulfilling prophecy." The cause of death will be called HIV infection rather than the treatment prescribed through the physicians. While the patient is dead, the physician is left clean.

1. Journal of the American Medical Association (JAMA) Denny, et al. 1992, vol. 267; 1484-1488.
2. Consisting of the Center for Disease Control (CDC), National Institutes of Health (NIH), Food and Drug Administration (FDA) and other governmental health agencies.
3. My emphasis (REW) -1 wonder if they used *"If"I*
4. A private sector trade union of which Wellcome is a member.
5. Document number A6/PAI Archives 1992.
6. Peckham, et al. Infant Seroconversion Profile London-1990.
7. New York University Medical Center Pediatric Dept. -1990.
8. Chernov,1986; Elwell et al. 1987; Yarchoan & Broder, 178b Smothers, 1991; Yarchoan et al. 1991.
9. P.H. Duesberg, Pharmac. Ther., Vol. 55, pp 201-277 *1* Avramis et al. 1989/ Ho and Hitchcock, 1989 / Hitchcock 1991.